Vol. XI No. 12

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THE Public Health Nurse

DECEMBER, 1919

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Efficiency in the Army Nurse Corps

By ELIZABETH FOLCKEMER, R. N.

Training Nurses in Venereal Disease Control

By ANN DOYLE, R. N.

Wanted: A Community Diagnosis

By HAVEN EMERSON, M. D.

PUBLISHED MONTHLY BY
THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

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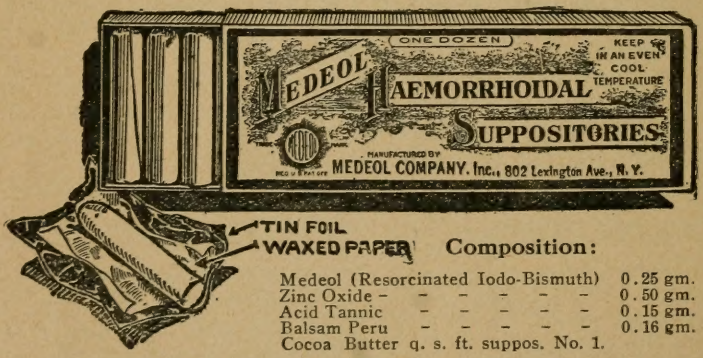

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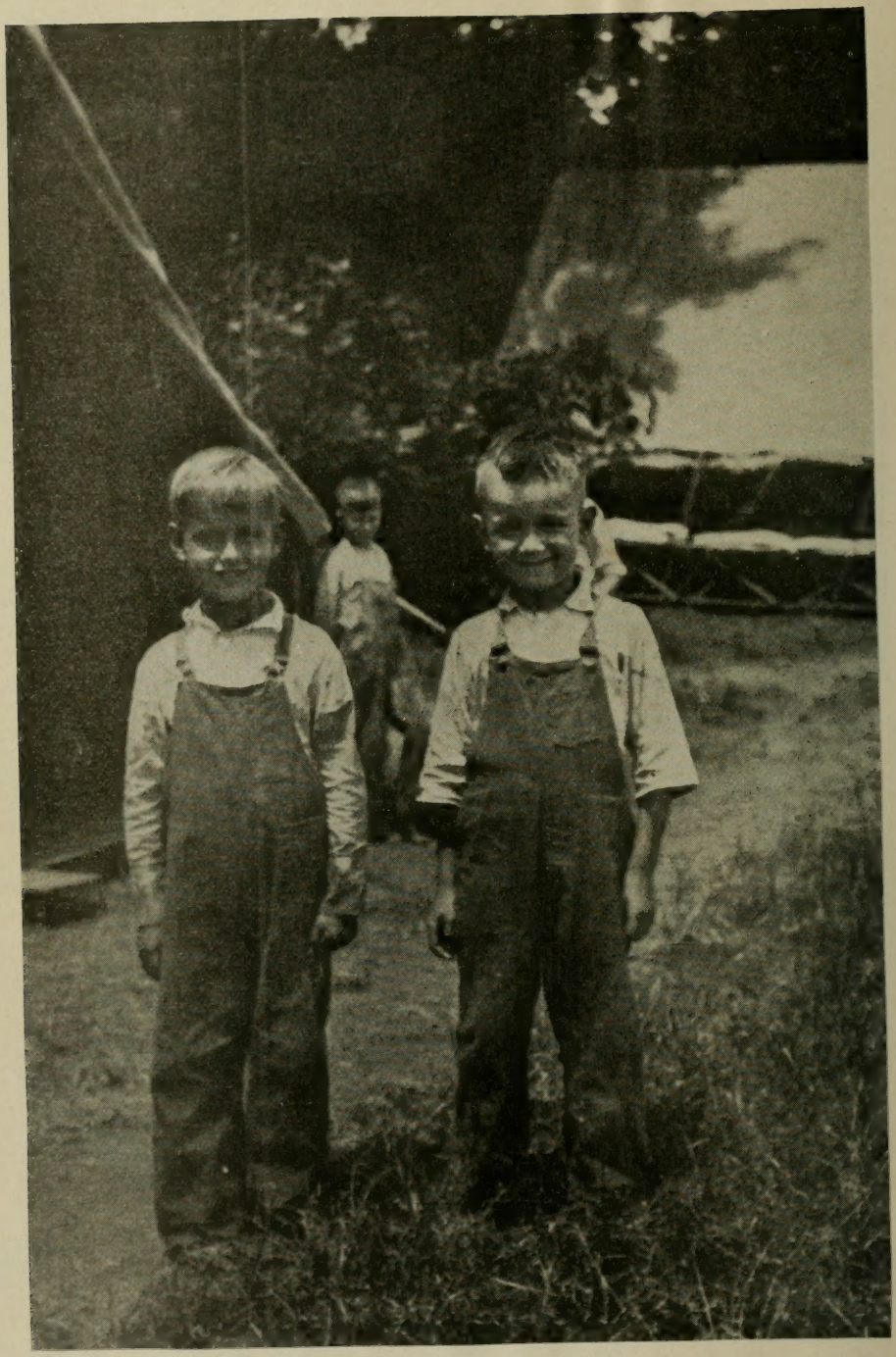


LEARNING TO KEEP WELL

(See P. 964)

THE PUBLIC HEALTH NURSE

VOL. XI DECEMBER, 1919 No. 12

EDITORIAL

A Christmas Greeting

IN the days of childhood Christmas stands out illumined as the most wonderful season of the year. Even to those who are least fortunate in their own home surroundings, comes usually something of the Christmas spirit, for friendly thoughts and actions are always busily seeking out at that time more than at any other, the poor, the suffering and the lonely, especially amongst the children.

To those of us who are older the gladness of Christmas is apt to be touched with sadness as our memories dwell on past years and the changes and losses which time inevitably brings in its train. Yet on us, also, the season sheds its light of peace and comfort as we learn anew the old, yet never worn-out lesson that true joy consists not in achieving happiness for ourselves, but in bringing some little ray into the lives of others.

Such joy will, we know, shine in the hearts of our readers this Christmas tide; and such Christmas gladness we wish most sincerely to each and all of them.

Resignation of Miss Beard

AT a meeting of the Board of Directors held in October, Miss Beard tendered her resignation as President of the National Organization for Public Health Nursing, in the following letter:

October 11, 1919.

For the Board of Directors,
National Organization for Public Health Nursing,
C-o Miss Ella P. Crandall.

My Dear Friends:

It is with great regret that I am sending to you my resignation as President of the National Organization for Public Health Nursing, to take effect after the Directors' meetings on October fifteenth and sixteenth. It has been a

great privilege to fill this position since my election in 1916, and I am sure that you will believe that it is only after very careful thought that I have decided to take this step.

We are undertaking in Boston this winter an experiment in forming a Health League for the city. My concentrated attention is greatly needed in this undertaking, and I cannot help feeling that if we are successful in our plan for this city, it will be of lasting importance to the whole cause of public health nursing.

It is unnecessary for me to say that the National Organization for Public Health Nursing, and especially its Executive Committee and Executive Secretary, will always have my heartiest interest and most ready support. Any assistance that I can give will always be at your disposal.

Perhaps you will recall that when I allowed my name to be put up for nomination at the time of the last election, it was understood between the President of the Boston Association, the Executive Secretary of our own National Organization for Public Health Nursing and myself, that I should retire before the close of my term if conditions seemed to justify me in doing so.

With very great appreciation of the privilege that it has been for me to work with you all, and with much personal regret that I must break the connection, believe me,

Yours very sincerely,
Mary Beard,
President.
October 22, 1919.

Greatly as Miss Beard's resignation was regretted by the Directors, justice to the Boston Instructive District Nursing Association, which has so unselfishly and broad-mindedly given of the time of its Director to the service of the country as a whole, made its acceptance necessary.

The National Organization's appreciation of the tireless and devoted service which Miss Beard has given during an exceptionally trying period is expressed in the following letter addressed to the President of the Boston Association by a special committee appointed to put this appreciation into words.

Mrs. E. A. Codman, President,
Boston District Nursing Association,
Dear Mrs. Codman:

At the meeting of the Board of Directors of the National Organization for Public Health Nursing on October 16th, we found ourselves compelled to accept Miss Beard's resignation as our President.

It is impossible to adequately express to Miss Beard our regret that she has found it necessary to resign and our appreciation of her invaluable services during the past three and a half years—three and a half most difficult years!

It is just as impossible to express to you and your Board our unending gratitude for your generosity in giving us so liberally of your Director's time during these same difficult years. In so doing, your Board has demonstrated a surpassing conception of the national field of public health nursing and we believe this contribution will benefit public health nursing for all time.

Will you accept our sincere gratitude for your interest in, and support of, our profession, and for Miss Beard's services to us?

Cordially yours,
Elnora Thomson,
Blanche Swainhardt.

The Vice-President, Miss Katherine Tucker, will be Acting President of the Organization until an election takes place at the convention next year.

Efficient Army Nursing

THE question of rank for nurses is one which has been discussed from various angles. There is one aspect of the matter, however, to which all others are merely tributary, and that is, the efficiency of the nursing service.

Looking at the matter from a purely professional standpoint nurses desire to be placed in a position which will enable them to make their best contribution in time of war as well as in time of peace; but above and beyond this professional attitude is the feeling that men who are dedicating their lives and the strength of their manhood to the service of their country have a right to receive in return the best protection that it is possible for their country to give, and in every direction in which that protection can be extended. This is a feeling which is not, and cannot be confined to nurses, but which touches even more closely the hearts and minds of those who, in the dread time of war, were willing to sacrifice to their country's need all which they held most dear.

In an hour when the preservation of efficient man power suddenly assumed overwhelming importance no effort was considered too great or too insignificant which had for its end the protection of that man power. The health of the troops in the cantonments became a matter of prime significance, and in order that their health might be protected it was found necessary to guard the health also of civilians whose sickness might, in its turn, have endangered the safety of the soldiers. Huge sums were spent to make and keep the men fit while they were being trained; huge sums were expended on their training; huge sums, again, were needed to transport them to the scene of conflict and to protect them while there; huge sums, once more, were required to make preparations to care for the sick and wounded at the front. All this treasure was freely and willingly poured out, because our people knew that these things were necessary for the protection and comfort of the greatest treasure of all—the men themselves.

All the treasure in the world, however, is insufficient to purchase the measure and quality of protection which efficient organization alone can insure.

We know beyond all question of doubt that, in so far as it was in the power of our nurses to give it, the men at the front received the best care that the finest training and the fullest devotion could provide; but we also know beyond all question of doubt that there were times when nursing care could have been a greater protection to the men, could have spared them suffering, danger and, it may be, in some cases have saved life itself, had the organization of the nursing corps been upon a different basis.

Wives whose husbands were at the front—fathers and mothers whose sons dedicated their young manhood to that service, cannot take

it lightly that their precious gifts should lack in any point or in any degree a protection which could readily be extended to them.

This is not a question of difficult technical adjustment towards the solution of which only experts can contribute; the facts are simple and readily to be understood by all those who are interested to make inquiry; and a solution has already been worked out by other countries and has proved its efficiency under the one only adequate test of war itself.

A first mistake may be forgiven, though it may be deeply deplored; to continue in a proven and recognized error is inexcusable. Those who, with whole-hearted devotion, offered up their most precious sacrifices in the hour of their country's need have a right—nay, have more than a right, have an obligation to the future, to demand security that similar gifts which may be dedicated in that future shall be guarded and sheltered from all unnecessary danger and injury.

From this aspect—and this aspect alone—we ask all our readers to consider the question and to do all in their power to obtain for nurses in the army that form of organization which alone can enable them to perform their duties efficiently.

An Important Step in the War On Venereal Disease

WE publish in this issue an account of the graduation of sixteen students of the first Special Course for Venereal Disease Control, arranged by the United States Public Health Service, with the coöperation of Columbia University, Bellevue Hospital and the New York School of Social Work, the Red Cross assisting with scholarships.

The importance of this pioneer course of training for work for which, up to the present, few nurses have had any opportunity of preparing themselves, and yet in which, to a greater or lesser extent, practically all nurses are called upon to engage, can hardly be over-estimated.

One of the speakers at the graduation exercises was Miss Nutting, whose statement both of the need and the importance of the occasion is so clear and so authoritative that we feel we cannot do better than quote her words:

"Looking back about twenty-five or thirty years I am realizing afresh how seriously handicapped we were as students by the lack of any sound and usable knowledge on the subject of what is commonly called social diseases. And the irony of that term is a very great one, because anything which is a greater destroyer of society than social disease I cannot well imagine—anything which is more anti-social. So I am glad that we have come to face the simple term "venereal diseases," which exactly describes what we are dealing with. . . . . I question if there are many training schools that have any serious or worthwhile instruction in venereal diseases, and yet here we have the most prevalent, the most widespread, the most dangerous and the most deadly of all the communicable diseases to be dealt with. . . . . It seems to me that no one can know better than nurses what venereal disease does really mean in the community. In their work

in hospitals, in clinics, they must face daily the long-preying effects, the way in which this disease reaches into the lives of women and little children. They cannot fail to be aware of it, no thinking nurse can; nor can they fail to see, it seems to me, patients going home from clinics, going home from hospitals, back to their homes and families and back into their occupations, with no adequate machinery and no adequate methods of safeguard those homes and those families and those co-workers from possible infection of this most terrible disease. For this reason it seems to me that a body of nurses especially trained, ready to devote their whole energy to protecting and safeguarding families, to spreading the needed information, to exercising every possible vigilance and putting their knowledge and their skill as well as their moral fervor at the disposal of this cause, is a very great event. I cannot think of it at the moment in any other light than as something quite, quite unusual. I hardly think any women in the world could have a more worth-while task before them . . . —to have the opportunity of replacing the ignorance that exists everywhere on this particular disease and on this particular moral problem with some exact and precise and real and sound knowledge. It is moral knowledge, more than anything else, that is really needed, for I think the only darkness in the world is ignorance. . . . . Education, in whatever form you apply it, is after all the only really permanent thing that you can lean upon. It is a slow and it is a painful and difficult process, but you will find it will endure."

The earnest thanks of all those who are sincerely interested in the war against diseases which constitute one of the greatest scourges of human society and inflict untold suffering and misery upon countless innocent victims, are due to the United States Public Health Service for inaugurating this course for nurses, and to all those who have assisted to make its accomplishment possible.

Efficiency in the Army Nurse Corps

BY ELIZABETH FOLCKEMER, R. N.

Acting Superintendent, Cleveland Visiting Nurse Association
Former Chief Nurse, Lakeside Unit, Base Hospital No. 4

IN the United States Army there has been no place made for the nurse; if there had been, the question of rank would not have arisen. In the English army a place was made for the nurse in the beginning. Therefore, there is no just parallel between the situation of American and English army nurses. The English army nurse must have a certain social position, and although she is not given any actual rank she does in effect rank as an officer and is always regarded as so ranking, and is treated accordingly by officers and enlisted men alike. The British Tommy recognizes the "Sister" as a superior and would no more think of criticizing or disobeying the command of a Sister than that of an officer, because he knows that back of her is the whole army and that any order given by the nurse will be enforced as would be that of an officer.

My experience as an army nurse was in British hospitals, but under United States army regulations. There were under me twelve to fifteen orderlies; I never had any trouble with these orderlies, but this was due to the accident that, having been brought up with brothers, I understood how to get along with boys. There is a way to get along with boys, and one who understood that way could manage to have her orders carried out; one who did not happen to have that knowledge might have difficulty. In other words, the personality of the nurse often decided whether or not her orders were carried out, and the energy of the nurse, which was all required for the best performance of her duties, had to be expended in presenting her instructions to the orderly in such a way that they would receive attention.

The attitude of the men towards the matter was shown by their way of discussing it among themselves. Asked by a companion if he were going to perform a particular duty, the orderly would reply, "Well, yes, the Sister told me to do it." "And are you going to do it?" "Why, yes—she's a good sport, you know—she is always for us boys, and she doesn't scold—I'll do it."

The orderlies in our hospital were mostly drawn from university students. At the outset it was suggested by one in authority that we be very careful in dealing with the boys, because they were mainly college boys and would have to be judiciously handled. This seemed, from the beginning, to

recognize a weakness in the position of the nurse. My experience with the more uneducated type of men was slight, but I should say that, while it was easier to command them, it was more difficult to get intelligent work done. In the one case the men would simply ignore the orders of the nurse, if they so desired; in the other, they would be impertinent. The authority of rank is the only thing that could satisfactorily overcome such a situation.

That the lives and welfare of the wounded were endangered by the lack of authority on the part of the nurse will be shown by the following examples.

A certain orderly was quite convinced that he knew as much about the care of the sick as did the nurse, and very openly and decidedly asserted the fact. He was a man of superior education and ability, who had been very successful in business; later, he became an officer and won quick promotion. He firmly believed that in case of any emergency in the hospital he would be quite as capable of handling it as would be the nurse. He was sweeping the ward on one occasion, and had been for some time in the neighborhood of a certain patient, but had not noticed anything wrong with the man. At length, however, the man called to him in a very faint voice and asked for the Sister. The orderly called the nurse, who found that the man was hemorrhaging and immediately sent for the doctor, in the meantime, taking the necessary measures to help the patient. The man's life was saved through the knowledge and prompt action of the nurse; had the patient been left five minutes longer without help it would have been too late. The point, however, is, that had the patient's condition been noted earlier he could have been spared the suffering and danger which he had to undergo. The orderly had been working beside this man for some time, but had not taken heed of the restlessness and other symptoms which always precede a hemorrhage; it was only when the patient himself called for aid that he realized that a serious condition had been developing unobserved before his eyes. The orderly, being an intelligent man, had learnt his lesson; he told the nurse afterwards that she knew what he did not and that he recognized his own ignorance in regard to the care of the sick, and the importance of her training.

Again, cases of gangrene develop very quickly. It is no uncommon thing for gangrene to spread from the ankle to the knee within from twenty to thirty minutes. The medical officers always look to the nurse to recognize gangrene or hemorrhage while the doctor is away from the ward. If the nurse is not capable of recognizing gangrene promptly it is likely to prove fatal or to cause the loss of a limb. Doctors all real-

ize that after an operation the life of the patient is, humanly speaking, in the hands of the nurse—the physician is only there temporarily, the nurse is there all the time, and it is she who must give the careful, trained watchfulness, the constant care and attention that have so much to do with recovery. The doctor has authority over the nurse and knows that he can depend upon her to carry out his orders; is it reasonable to deprive the nurse of authority over those upon whom she is dependent for the carrying out of her instructions—instructions which are given from a background of superior knowledge and upon the prompt carrying out of which a life may be dependent?

On one occasion which came to my attention, a nurse told an orderly to put on a hot dressing; the man objected, saying he had put one on a short time before. The nurse replied that the wounded man complained that his leg was hurting him and that the dressing seemed to be cold. The orderly said that the orders were to put on a hot dressing just so often; he had obeyed those orders and he would not put on another dressing. The patient was suffering and the nurse knew that another hot dressing would give him relief; in order to prevent him from having unnecessary pain she had to put on the dressing herself. The argument represented the difference between training and ignorance—the orderly could follow the instruction of the physician to put on a dressing at certain intervals; but the nurse understood the interpretation of the order and knew that if hot dressings were ordered they could be applied more frequently than the letter of the instruction implied, if by such means the patient could receive relief.

In the daily routine of the ward it is necessary that the nurse should be able to give orders to regulate the work of the orderlies. An orderly does not understand the danger of sweeping when dressings are being done, and will go on sweeping just the same when wounds are exposed, unless stopped by the nurse. The danger from germs and dirt is especially great in a ward where gangrene and all kinds of infections are a menace. In the case of wounds that are healing, dust swept up from the floor might easily cause a re-infection.

The point of the whole matter lies in the necessity for efficiency in the work of the hospital. If the nurse is to carry out in the best and most prompt way the orders which have been given to her by her superior officer, she must have authority to enforce her commands to the orderly. It would be considered unreasonable and subversive of all efficiency to expect the doctor to rely upon his personality to enforce his instructions upon the nurse; the same principle holds good in regard to the nurse and

those who work under her. There is no hesitation in giving to the man who has taken his training and passed his examinations to become an officer, the authority which enables him to carry out his duties. A graduate nurse has been very carefully trained for her own work, and it seems only reasonable that, having graduated, she should be entrusted with the authority necessary to the efficient performance of her function.

An army is organized and ruled with one end in view—efficiency. All other considerations, however important and desirable under ordinary conditions, must give place to the one all-important one of doing, in the best possible way, the work to be done. It is not efficient to employ an agent to do a certain kind of work and to refuse to that agent the conditions necessary to the proper carrying out of that work—it is not efficient to waste the energy of the nurse, every bit of which is required for the proper performance of her duties, over efforts to make her personality acceptable to those under her, in order that they may carry out her "requests"—it is not efficient to endanger the lives of wounded men and increase their suffering through delay and inertia caused by arguments between the nurse and the orderly. On this ground, and on this ground alone, not only the nurses, but all those who believe that where the lives and welfare of the wounded are concerned, as well as in its power to do harm to the enemy, the army should function in the most efficient manner, should require that to the nurse be given the same facilities for carrying out her work that are given to all other branches of the service. This can only be done by conferring upon the nurse the rank which shall entitle her to authority over those who are to be under her directions and subordinate to her in the carrying out of work in the hospitals; and the right to wear the symbol which alone can make clear to those subordinates the obligation to obey her commands.

NOTICE TO SUBSCRIBERS

The magazine is issued on the 10th day of each month. All changes of address should be in by the 15th day of the preceding month. All changes of address, renewals of subscriptions, or new subscriptions received after the 15th day of the month will be entered as beginning with the issue of the following month.

The Child Welfare Special*

BY JANET M. GEISTER, R.N.

THE Child Welfare Special is a child welfare station on wheels. It was conceived out of a realization of the rural child's need; it was born out of a desire to bring to the rural child resources that usually are available only to the city child, to bring to as many homes as possible, through personal contact, the lessons of child conservation, and to arouse and stimulate interest in the welfare of the child. For a number of years the Children's Bureau has conducted child welfare conferences in connection with their rural surveys. Quite naturally the number of children that could be thus seen has been limited, and Miss Lathrop has earnestly sought a way to reach more children with the resources at the disposal of the Bureau.

As a result of the Children's Year Campaign, a number of communities tried the experiment of putting health conferences on wheels in order to reach the children who could not come long distances to visit the child welfare stations. Organizations in Cleveland, Vermont, Connecticut and Michigan are among those that are doing pioneer work in this respect. This seemed to be such an admirable method of reaching rural children, that the Children's Bureau resolved to try it out under the difficult conditions connected with cross country work.

In May of this year, the Chicago Tuberculosis Institute put into operation the dispensary truck in which to hold clinics in different parts of Cook County. This motorized dispensary was designed by Mr. James T. Phillips, county secretary of the Institute. It contains many feautres not seen in other trucks.

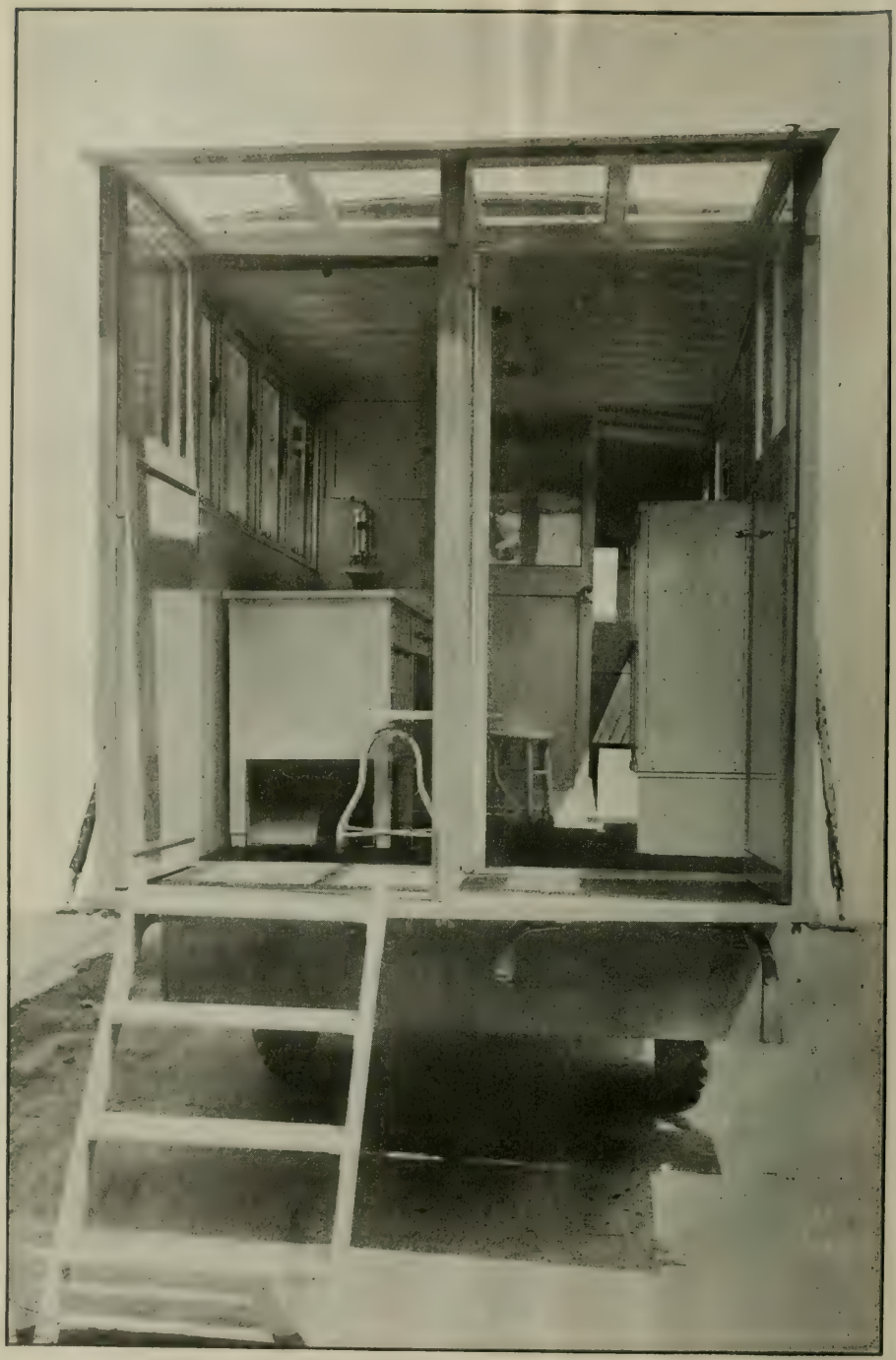
At the suggestion of Mr. Sherman T. Kingsley and through the courtesy of the Tuberculosis Institute, we followed this plan very closely in the construction of the car that was to be sent out by the Bureau. This car is called the Child Welfare Special.

A few words regarding the construction of the Special may give you an idea of how it is possible to conduct satisfactory child welfare conferences in it. The body of the Special is constructed of wood; the inside measurements of the conference room are 9½ feet long, 6 feet wide, and 6 feet, 4 inches high in the center. Four windows, each 2 feet square, on each side of the truck are high enough to shut out prying eyes—at the same time ad-

*Read before Illinois State Conference Charities and Corrections, Decatur, Ill., Oct. 25, 1919.

THE CHILD WELFARE SPECIAL—EXTERIOR

(By courtesy of the U. S. Children's Bureau)



THE CHILD WELFARE SPECIAL—INTERIOR

(By courtesy of the U. S. Children's Bureau)

mitting excellent light for work during the day. The driver's cab, which can be entered from the conference room by means of a sliding door, is entirely enclosed in glass, and with the shades drawn, furnishes a roomy dressing room. The opened end gates, provided with double folding doors and heavy curtains that fit into grooves, furnish another dressing room. Both of these dressing rooms have not only proved themselves adequate for our needs, but are a distinct advantage over the larger room usually provided by the school house or church. When a mother enters one of the truck dressing rooms, she has the exclusive use of it until the child has been undressed, thoroughly examined, and is back in its clothes. This results in less fretting from the children, lessens the chance of contamination from possible infectious diseases, and insures absolute privacy.

A 15 gallon water tank, tucked away over the driver's cab is connected by faucet with the stationary wash stand in the conference room and in turn is connected with a permanent drain to the outside. The doctor's examining table and the linen lockers are built up over the wheel housing in the car, an arrangement that results in improved appearance and in the saving of space. A scale, adjusted to measure to the ounce, both for babies and older children, is carried in an especially built trunk. There is enough storage space to carry an average of 2,000 publications; a full set of exhibits, a balopticon, several boxes of slides, 2 rolls of films, several dozen charts for lecture purposes, cots, bedding, cooking utensils for 3 persons, a large supply of sheets and muslin squares, and all the equipment necessary for conducting a child welfare conference.

This body is mounted on a one ton chassis that is equipped with pneumatic tires. The interior of the body is painted a solid white; the outside is a battleship gray with a blue and white lettering on both sides. This coloring gives the Special a very cheerful appearance and at the same time reduces its bulk. Two systems of lighting, one for a 110 volt current that can be taken from a nearby public building, and the other for a 6-volt current taken from the truck's own batteries, furnish excellent illumination for night work. An electric heater has been recently installed in order that work may be continued through the winter, though, of course, this work will be done in the South. The problem of heating the dressing rooms may require some time to overcome, though we do not anticipate much difficulty. Weather strips have been put on the cab to protect against the wind and rain of winter, and a tarpaulin made to cover the rear doors to shut out the dust that otherwise seeps in.

The staff consists of a woman doctor, a nurse and chauffeur on

the car, and an agent who travels in advance of them. It is possible for the staff to sleep on the Special —the doctor on an army cot in the conference room, the nurse on a similar cot in the rear dressing room, and the chauffeur on the especially constructed driver's seat. They have as a rule, however, scorned the shelter of the car and have slept out under the stars except during rains, when they erected the 9 x 9 tent that is carried with them.

As the Special was built in Chicago, it was Miss Lathrop's desire to keep it near home for its first trials. On the 11th of last July we held our first truck conference in Morgan County, Illinois. Since then we have visited three counties in this state and have examined from 100 to 150 children weekly. In selecting the counties to be visited, we take into consideration the proportion of rural population; the possibility of getting good coöperation and the condition of the roads. An agent, travelling two weeks in advance of the Special, arranges the itinerary, attends to the publicity and assists in the organization of child welfare committees. She carries with her wood cuts and publicity material for the newspapers, printed instructions for the child welfare committees, copies of the announcements that the ministers are asked to make from their pulpits, and the big posters that advertise the coming of the Special. She visits the city and county officials, editors, physicians, ministers, farm advisors, county demonstrators, representative citizens, business men and social agencies to explain the purpose of our visit. When the county child welfare committee has been called together, an itinerary is mapped out and then the local committees are organized for the communities to be visited.

Every committee member is given definite instruction in advance and her field of work is clearly outlined. These committees are asked to provide a suitable location for the parking of the Special, a spot that is centrally located, well shaded and near a public room that can be used both as an exhibit and waiting room. They are also asked to make a thorough canvass of their districts before the conferences in order that everyone may understand clearly the purpose of the Special's visit. They are asked to announce that the doctor and nurse are ready to examine any child under 7 years of age—that no treatment is given, but that the doctor gives to each parent a written record of his child's condition, together with any recommendations she has to make—that the examination is absolutely private, and that there is no charge of any kind for this service.

As a result of the work of the advance agent, the staff finds everything in readiness on arrival of the Special, and the con-

ference can begin as soon as the doors are opened.

It is not possible, of course, to set up any exhibits or charts in the car itself. These are taken out of their boxes and set up in the near-by waiting room and a member of the hostess committee put in charge of them. At opportune moments the doctor and nurse take time to give brief talks to groups of waiting mothers, using the exhibits or charts as a means of illustration. The films and slides are shown only at the pre-arranged evening meetings.

The examination of each child takes about 20 minutes. After the child is undressed and before he leaves the dressing room, he is wrapped in a clean white square. He is weighed and measured by the nurse and then put on the doctor's table for her attention. As the doctor progresses in the examination, she discusses each point with the attending parent. At the conclusion of the examination the parent is given certain copies of our publications, together with a record of the child's physical condition. A second record is made out and sent to the Children's Bureau office for the purpose of statistical study.

At first we made the mistake of trying to cover too much territory, by making only day stops. We found this utterly impractical. We found that in one day we could not possibly see all the children—little impression could be made on the community, and we could not hope for follow up work, and we learned that a few weeks of one day stops would completely wear out the doctor and the nurse. We tried the two day stops and in some instances found that these too were impractical. The three day stop seems to be the most satisfactory. In our present county we are spending five days in the county seat, three days in the next largest place, and two days in each of the five other towns. The size of the town and its surrounding population, of course, determines the length of the stay that is to be made.

The first test of the efficiency of the Special is whether it serves its purpose as a conference station. In the main the Special has proved a success from a mechanical point of view. The dressing rooms are adequate and the conference room has proved itself remarkably convenient in spite of its small space. There are factors, however, that would be changed if another truck were to be built. In spite of our efforts to keep its weight down, our car, completely loaded, tips the scale at 8,000 pounds. The 35 horse power engine, supplemented by the extra pulling power provided by pneumatic tires, is adequate for most road conditions, but we have some difficulty in negotiating sandy, steep hills. Mechanical adjustments made recently have given us greater power and we are assured by the manufac-

turers that we will have no further difficulty. It does not seem advisable to reduce materially this weight as the body must be made substantial and weather proof to withstand the jar and uncertain weather of travel. A heavier engine—1½ or 2 ton unit—would easily care for this load and at the same time carry enough reserve for any bad spots that are encountered. Because of its size the Special does not travel well over muddy roads, but as States are developing roads so rapidly all over the country, this is a disappearing rather than an increasing objection. We find that we could reduce the height of the car by 5 or 6 inches and still permit easy walking within the car. This would very considerably reduce the sway.

If the interest awakened is a gauge of the success of the Special, the experiment has indeed been successful. The response we have met in every community visited has exceeded our fondest hopes. Physicians, business men, every one who could be of service to us, have given us hearty coöperation. The response from parents has been equally gratifying. Excerpts from reports give an indication of the reception the Special usually receives. In the report of the first conference we read, "In spite of the fact that the threshing season was at its height, the doctor and nurse were almost overwhelmed with the crowd of mothers, fathers and babies. Examinations lasted until late into the evening. The first baby examined at this conference was the daughter of a local physician, who later spent a number of hours in the truck as the guest of the Government doctor." In one of Dr. Bradley's reports we read, "We especially appreciated the interest and coöperation of the two local doctors, brothers, who not only came themselves both days to the conference, but loaned their machine and a son to drive in from the country such mothers and children as might otherwise not attend the conference." Still another report reads, "All through the afternoon and evening this routine continued. The dressing rooms were constantly occupied; the doctor and nurse paused only for a hasty supper—yet the fathers and mothers continued to wait. It seemed as though they had been saving their questions for years against just such an occasion as this. The visitors were all English speaking people, all deeply concerned over the welfare of their children, and all determined that the Government doctor should not leave the community before their children had been examined. Mothers, unable to be served in the afternoon, came back after supper accompanied by their husbands. These men, some of them still covered with chaff and dust, had spent a hot day behind the threshing machine—yet they patiently awaited their turn and

listened carefully to the doctor's recommendations."

In describing one of the September meetings, Dr. Bradley wrote:— "It soon became evident that it would be impossible to examine all the children, so on the last day the women agreed to submit but one child from a family, each mother selecting the one with which she most needed help." Later in her report she said, "Among these was a baby in an advanced stage of marasmus; a bright little boy with a T. B. infection of the spine already draining through the hip, and one with evidences of pellagra. There was an interesting family of father, mother, twin boys, and two other little fellows, suffering, as were most of these children, from lack of nourishing food, though greatly overfed. They listened with interest to our suggestions and the father promised to buy a cow and have the tonsils removed from one of the twins, so that he might continue his school work without continual interruption from repeated attacks of tonsilitis.

"A small namesake of Champ Clark came to be weighed, and measured up to the great and original speaker. The principal of the local school brought his little girl to ask advice in regard to a misshapen mouth from continual thumb sucking. The next day she insisted upon coming again to show us the gaily decorated cuff which prevented her from bending her elbow and reaching the greatly desired but discarded comforter.

"We swung into G—— about dusk to find the entire populace congregated on the public square to greet us. Here as in H—— we parked the truck in the school yard and by getting an early start the next morning, we had the exhibit installed, the car in perfect order, and we were examining our first baby 45 minutes later. For three days there was a steady stream of vehicles, ancient and modern, passing through the grounds. Often as many as seven might be counted at one time lined up under the trees."

We are frequently asked if the Bureau intends to follow up the work of the Special by efforts of a more permanent character. The underlying theory of the Bureau is, that if a Government agency such as the Children's Bureau investigates, reports and demonstrates, the conscience and power of the local community can be depended upon to undertake any local action necessary. The Children's Bureau is limited by law to certain fields and it cannot enter actively into follow-up work. It is our belief, too, that the follow-up work done by the community itself has more lasting results and arouses far more local interest than anything attempted by an outside agency. There is a very definite value in any work that arouses a community's attention to its needs and

points a way to a constructive program of correction and prevention.

Dr. Bradley, in a recent report, states: "As a result of the service of the Special several communities are already employing Public Health Nurses, in some instances supplementing a nest egg left over from Red Cross funds and in others raising the entire amount by public subscription. In one town, a sensible woman's committee refused liberal contributions from public spirited men, preferring, they said, to have every one share in the responsibility and the privilege of supporting this service. Instead they asked $1.00 from everybody and got it. In another county, a group of miners at one meeting raised between $700 and $800 and agreed to supply the rest in order to give their wives the help to which they are entitled."

The question that arises in the minds of all of us, is—*do* the results justify the expenditure of time, energy and money? If from my observation of the work of the Special I were asked if the truck might be considered a good investment from any point of view, I would answer an unqualified "Yes." There are, of course, difficulties and inconveniences still to be overcome, but the cordiality of the response, the awakened interest, the new efforts to conserve childhood that are following in the wake of the Special, are, in my opinion, well worth the money and trouble expended. Its very bulk and unusualness challenge attention instantly and when its mission becomes known it enlists the hearty coöperation of the entire community. The Special is a very tangible evidence of Uncle Sam's interest in his children—it has a dramatic appeal that is easily capitalized. Dr. Bradley in one of her reports says, "The Special has the distinct advantage of at once gripping public interest as none of the previous work could do. This may seem spectacular from the professional standpoint, but it gets results. It is believed that the ground can be covered better by the Special than in any other way; that its better equipment will make far better results than any method tried to date; that its usefulness is directly in proportion to the ability of the physician in charge to make her public realize that she is merely demonstrating the need of periodic examinations and a method of accomplishing the same; that she bears in mind the fact that the examination is merely an incident and not the object of the Special, and that its more important function is to stimulate and aid in the organization of permanent follow-up work by the community, and that she does not scorn to take advantage of the dramatic element of an appeal from the Government at this psychological time."

The reports of the other Child Welfare trucks indicate that, while difficulties have been encountered, on the whole the project is full of

promise—it is an exceptionally fine advertising and educational medium.

The Cleveland report says, "The Children's Special caused people in all walks of life to think about baby conservation. It was a popular publicity feature and so became educational by catching the attention of all sorts of people. The mother who naturally shuns the baby welfare center had for once the center brought to her in so attractive a form that she was deeply interested and immediately became a convert to the policy of seeking help from the center whenever the baby needed attention."

The Connecticut report states, "Perhaps the most far reaching accomplishment of the Baby Special was the arousing of the smaller and rural communities to their need for Child Welfare work. Before the coming of the Special many of these communities had thought their children were well taken care of because they had plenty of fresh air and milk. Many of the towns that were so apathetic and indifferent now realize that these things alone do not make for healthy and strong children and a number are making plans for permanent child welfare agencies."

In summing up the qualifications of the motorized health conference as an agent for stimulating and arousing interest in the conservation of life, I believe our experience demonstrates that it is entirely practicable. There are mechanical difficulties that must be overcome before visits can be made to remote regions. These difficulties, however, do not appear to be insurmountable and with every new experience we gain knowledge that will guide us in any future plan. The project involves considerable expenditure of money, but the results appear to justify it. Dr. Bradley, who through her work on the Child Welfare Special has opportunity to study its utility from all angles, writes: "I only wish that the Children's Bureau had at least four such trucks, or, better still, that each State might equip a truck for its own use along these lines."

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"If we permit ourselves to favor and provide for the unguided propagation of a population of poor physique or of persons marked from birth with the stigmata of alcohol, venereal disease, or mental deficiency, we shall sooner or later discover that we are building on false foundations."—Sir George Newman.

Training Nurses in Venereal Disease Control

BY ANN DOYLE, R.N.

Supervising Nurse, Division of Venereal Diseases, U. S. Public Health Service

NOVEMBER 6, 1919 marked history for public health nursing. On this night in Osborn Hall, New York City, sixteen Public Health Nurses finished a special course for venereal disease control. This course was arranged by the U. S. Public Health Service in coöperation with Columbia University, Bellevue Hospital and the New York School of Social Work. Provision for fifteen scholarships was made by the American Red Cross. This is the first group of nurses trained for this work in the United States.

Among the speakers of the evening were Assistant Surgeon General C. C. Pierce, Director, Division of Venereal Diseases, U. S. Public Health Service, who acted as chairman; Miss Clara D. Noyes, Director of Nursing, American Red Cross; Prof. Adelaide M. Nutting, Professor of Nursing and Health, Columbia University, New York City; Dr. Joseph S. Lawrence, Chief, Bureau of Venereal Diseases, New York State; Miss Ella Philips Crandall, Executive Secretary, National Oragnization for Public Health Nursing; Miss Amy Hilliard, Superintendent of Nursing of Bellevue and Allied Hospitals; Dr. Edward L. Keyes, Jr., Professor of Urolgy, Bellevue Hospital; Dr. Karl Reiland, Pastor of St. George's Church, New York City; and Mrs. Mabel Avery, a member of the class.

Colonel Pierce's opening address was as follows:

"We are participating tonight in a unique occasion, one that has no exact precedent. We are gathered tonight to have some fitting ceremony to mark the completion of a special course of training that has been given to a group of nurses who have qualified themselves to enter upon a hitherto neglected field of public health work. This group of nurses has had a special course at Columbia University, and at the Bellevue Hospital, in the social service side, the field side, as well as the medical side of venereal disease control.

"It would be well for us to summarize briefly the events which have brought about this great change in public viewpoint towards these diseases. Before the war, such an occasion as this would have been impossible. It was not alone the fact that the country had an opportunity of getting information which would enable constituted health authorities to present this problem to the public, that has been responsible for the changed viewpoint, but it was due also to

the accepting of responsibility by American citizens during the war.

"It was brought home to each one of us during the war that we had some other function to perform aside from fulfilling our routine duties and leading our own life. Practically all realized and accepted their civic responsibility, and were willing to accept that responsibility and to try to express in deeds that which they no doubt had in their minds before. So, this public opinion crystallizing itself in Congress, caused the passage of an act by our Congress creating a special board in Washington for venereal disease control, the interdepartment hygiene course, and a division of nervous disease in health work.

"In organizing this work, in cooperation with the various State Boards of Health, it was realized that we lacked trained personality to carry on the detailed work which was necessary to meet the conditions as they existed in various communities. The Public Health Service took up this problem with the Red Cross, and in this, as in everything else, the Red Cross met their duty and responsibility, and made it possible for the Public Health Service and the Red Cross to give these women that special course.

"So that we hope this is but the starting point of permanent courses of similar nature that will be introduced in the great colleges and universities of our country, to keep on training nurses to take part in this particular line of public health work, which is at the present time one of the greatest problems confronting the whole world. In going out into the various communities to which you ladies will be assigned, there is a very heavy responsibility resting upon you, because you are the first in the field. We expect and hope and know that you are going to train others, and pass on to them the high ideals that you have, and pass on to others this detailed information that you have acquired here in New York at these two great institutions during the past few months, so that those who follow after can be proud that they are taking up the same line of work as this original group that is starting out to make this one of the important phases of the nurse's work. And we hope that the example that you set to other nurses will be such that it will interest them, and attract them to devote their time to similar work, so that within a few years we can have a great body of trained women who are interested in this vital public health problem."

Each succeeding speaker laid stress on the need for nurses to do this very important public health work and for better education for these workers and for nurses in general in regard to venereal diseases.

Mrs. Avery, at the request of

her class, spoke in their behalf as follows:

"My classmates have conferred on me the privilege of representing them upon this occasion. I confess I am greatly embarrased by the compliment, for I am more confounded than inspired by the sentiments and emotions that call for expression.

"As has been said, we came here by invitation of the United States Public Health Service, and by the aid of the Red Cross. We are profoundly grateful to, and for, both. We came not to be entertained, but to be edified. Our purpose in becoming nurses was to make ourselves useful, and our object in coming here, to make ourselves more useful. We have been greatly benefited by the studies and instructions at Teachers' College, and the practical experience in the Social Service Department and clinics at Bellevue.

"In a recent bulletin of the United States Public Health Service I find this statement: 'It is not necessary to discuss the reasons for a vigorous campaign for control of venereal diseases. The reasons are too obvious, and too well recognized. The tremendous social and economic losses resulting from these diseases in time of peace were multiplied by the extraordinary conditions arising out of the World War. The winning of the war demands that these diseases be controlled in the entire civil population, to insure the protection of the industrial army, as well as that of the soldiers and sailors. To accomplish this, control measures must include the largest cities and all parts of every State in the Union.' Anticipating the demand for especially trained workers for this campaign, the United States Public Health Service assembled this group for this definite preparation; by the instructions we have been equipped to do battle with the third great plague, which is the enemy as old as humanity.

"So, in the vernacular of the western cowboy, we are now 'to hit the trail for the open,' literally becoming the blazers of new trails. Some of these trails will lead to the North, with its undulating prairies and wheat fields, and some to the sunny South, with its everglades and vast cotton fields. To this great East, throbbing with industry, many trails must lead. And there is a long, long trail which leads out further, where the West begins.

"To open these trails, no doubt we will have to build bridges to span the differences in opinion, tunnel through problems we cannot otherwise get around, and blaze the rocks of old time prejudice against publicity, but we must do everything that is necessary for constructive building, with dignity and courage, so that the wagon road defined by us today may develop into the automobile highway for those who follow us tomorrow.

"To do this work, we shall need the help and coöperation of many agencies, and we will find this cooperation if we will but look for it. How ideal it would be if we could transport our beloved Miss Wadleigh and her wonderful committee of socially-minded women! Our troubles would be few, and our problems easily solved. While this cannot be, nothing can rob us of the inspiration we have received from their enthusiastic and their quick response to every appeal.

"As has been said, we are the first class to be prepared for this very important work, and we hope by our honest efforts to prove to Surgeon General Blue, and Dr. Pierce, and Miss Doyle that the experiment has been worth-while. To Miss Nutting, under whose supervision this course was outlined, to the instructors presenting it, to Miss Wadleigh, and her corps of efficient workers, we extend our sincere gratitude for the individual part each has had in our training.

"All that remains to be said is 'adieu' and 'farewell.' How vividly do these exercises recall our commencements as school girl graduates, but what a contrast of conditions exist! Then, everything in nature seemed colored and adorned with illusion. We lived in a sort of fairyland, waiting for our dreams of youth to be realized. Father and mother waited upon us, and provided for all our wants. Today we are the bread winners. There are graves to be kept green, and dependent ones to feed, and the responsibility is ours. The world is still beautiful, but it has become real, and life very, very earnest. To a degree, the past four months have relieved us of these responsibilities by causing us to forget.

While the thought of parting, of dissolving the friendly ties that have bound one to another, creates a lump in the throat and brings a tear to the eye, the thought also brings the realization that in forming these ties, we have acquired a broader, and clearer vision, a deeper and keener sense of these responsibilities, and the added conviction of our obligations to the community."

Space does not permit the publishing of each one of the most splendid talks made by the various speakers. The great significance of the whole occasion was the conviction that the Public Health Nurse is one of the most important factors in the prevention and control of venereal diseases.

(The outlines of the lectures given in this course will be published in a subsequent article.)

Unity of Curative and Preventive Medicine

THE Chief Medical Officer of the English Ministry of Health, Sir George Newman, has just issued a memorandum on "some of the principal medical matters having relation to the practice of Preventive Medicine."* There is much that is of very great interest in this memorandum, which may be taken as a declaration of policy on the part of the newly constituted Ministry of Health and which states as its opening sentence that "The first duty of medicine is not to cure disease, but to prevent it;" but there is one aspect of the views expressed which is of particular interest to us in connection with the recent discussion which took place in the pages of THE PUBLIC HEALTH NURSE on the subject, "Is the Visiting Nurse a Public Health Nurse?" The views in question are admirably stated in an article which recently appeared in the Educational Supplement of the London "Times," from which we are glad to quote them.

Sir George Newman has presented to the Minister of Health an outline of what he conceives should be the practice of Preventive Medicine in this country. The work is of such great importance that we shall hope to deal more fully with it than is at present possible. At the moment, however, the main contentions of the writer must be stated.

Sir George conceives the practice of medicine in any country as a single policy with many complexions. *There is no dividing line between preventive medicine and curative medicine,** for though we may prevent a disease en masse, as for example in destroying the breeding places of malarial mosquitoes, one may not less effectively prevent it by isolating or actually curing an infected individual, a "carrier." Nor is prevention to be understood in the narrow sense of limiting the spread of an infectious condition. Vast numbers of middle-aged men and women die prematurely from diseases which, though by no means infectious, are preventable in the sense that they represent the aftermath of earlier diseases which were preventable. A case in point is heart disease, which may be "a form or expression of an infective process."

Thus it is evident that the public health officer, the public analyst whose duty is to protect the food supply of the public, the school medical officer, the tuberculosis officer, the venereal disease officer, and the general practitioner are all concerned in the same task. All are preventing disease in different ways. To them must be joined the nursing services, the midwives, the health visitors, and many others whose work is ancillary to the medical services.

*Of this arch there can be no doubt the general practitioner is the keystone.** He it is who sees disease in its earliest stages and who decides in the first instance the nature of the infection present. Till he has notified a case of scarlet fever that case cannot be dealt with by the health authorities. Infants before they go to school are in his care and he can often

*"An Outline of the Practice of Preventive Medicine," H. M. Stationery Office, Imperial House, Kingsway, W. C. 2, England. Price 6d net.

*The italics are ours.

make or mar their future lives by the course of action he takes.

The general practitioner, therefore, on the one side and the child on the other, present two great aspects of the problem of prevention. Were the doctor equipped to recognize all the possibilities of childish complaints, and were the child freed of these and saved from infection, the body of disease in the country at all ages must be enormously reduced.

Sir George Newman's arguments in favor of the contention that the general practitioner is the keystone of preventive medicine would seem to be equally applicable to the standpoint that the Visiting Nurse is, and must necessarily be, in the first rank of those who help to preserve the public health through the profession of Public Health Nursing.

Wanted: A Community Diagnosis*

BY HAVEN EMERSON, M.D.

EDITOR'S NOTE: A survey has just been commenced in Cleveland, inaugurated by the Hospital and Health Survey Committee of the Cleveland Hospital Council, and under the direction of Dr. Haven Emerson, former Health Commissioner of New York. The study is to cover (1) A survey of the existing hospital and health facilities—public or private—of the city. Under this heading will also be included (a) Medical Education (b) Nursing Education, as conducted at present in Cleveland. (2) A study of the community to determine the ideal number, grouping, location, character and functions of the hospital, medical and health institutions which can best serve Cleveland at present and during the reasonable future development of the city.

The survey of nursing education, which will comprise also a study of nursing needs of the city and the preparation of a program to meet those needs, will be carried out with the coöperation of the Committee for the Study of Public Health Nursing Education of the Rockefeller Foundation, of which Professor Winslow is Chairman; and Miss Goldmark, who is acting for that Committee, expects to assist in this part of the survey program, since it is felt that Cleveland forms a good centre for study in connection with the work of the Rockefeller Committee.

WHAT is a survey, and why does Cleveland need the luxury of a diagnosis? A diagnosis implies the presence of ill health. Is Cleveland sick? Even as the careful and thrifty owner has his car overhauled to prevent delay upon the road or accident under strain, and as the young husband looks far into the future, and insures his life, so a city may well indulge in community insurance in a periodical searching for weak joints in its organization, loose bolts, proof of wear and tear, need of replacement and reinforcement of its structure.

While all the world is clamoring for production it is worthy of great praise that you have determined that here at least the producer shall

*Address made at public meeting of The Cleveland Hospital Council Hospital and Health Survey Committee, November 11th, 1919.

rank ahead of the product in your thoughts and plans.

Property will always have its protectors and promotors. It is persons who are chiefly neglected, and for these you are devoting this study. How may their sicknesses be prevented, their lives made longer and happier, and if sickness overtakes them, how may skill and gentleness be quickly at their service?

To survey is to view with attention as from a height, to prospect, to examine, and in so doing to make a review and retrospect, to use history and present experience as the basis for programs for the future and to insure progress. A survey must be critical to be of any use, but destructive criticism rarely brings out all the best in the community except the best fighters. The survey called for by your committee cannot be a one man job any more than a thorough medical examination is entrusted to a single diagnostician. Without the patient's consent, nay, without his willing and eager assistance, no physician can get all the facts he needs before prescribing, and a community differs chiefly in quantity not in elements for diagnosis, from the individual patient.

A group diagnosis will be offered by the collaborators in the survey and its value to you will be measured largely by the extent to which you contribute of your information and suggestion.

You need no one to tell you that you are face to face with immediate and urgent need for a considerable increase in beds available for the treatment of the acute sick—for the segregation of infection, for convalescent care after medical and surgical disabilities, for modern protection of the mentally afflicted. Upon the location and coördination of your hospitals as they are moved, rebuilt and enlarged depends the economy of your service and the development of medical and nursing education. Upon the adequacy of out-patient dispensary, district nursery, diagnostic clinic and personal service for treatment, education and follow-up of the sick, will depend the extent of the service that the public now lacks.

Until every doctor, nurse and health visitor working among the sick is aware of the resources and application of preventive medicine to health protection no possible increase in hospitalization of the sick will meet the needs of the city. Each case of sickness presents a problem of prevention as well as relief, of education as well as of treatment, of the family and the home as well as of the individual patient. Non-medical, social and relief agencies have a stake in the survey second only to that of the professional groups and institutions for medical and nursing service. The largest single cause of dependency is preventable diseases. Sixty to seventy per cent. of expenses of relief agencies are necessitated by sickness.

Plans are already well advanced

for the first study to be undertaken, namely:—an analysis of existing services, both public and private, for the diagnosis and treatment of the sick, an estimate of the need at present unsatisfied, and a plan for such reinforcement of hospitals by dispensary or other district facilities as will bring every block of the city into an organic relation with the best skill of which doctors and nurses are capable.

The hospital and its satellite the dispensary are the laboratory of the medical teachers, and since it is to them that we all look to maintain and constantly to raise professional standards of physicians, during and after their required medical training, the whole sickness service of the city must be made to contribute to the education of doctors and nurses. And this education must not cease at graduation, nor be limited to the care of the sick, but must include graduate re-education and constant training in the public, social and preventive aspect of the medical science. Only by opening to the medical and nursing schools the doors of every agency dealing with health and its protection will the full possibilities of this city be achieved as a university centre. It is expected that the ambition and vision of the university leaders can be brought to practical end by a mutual involvement of teachers and practitioners in a continuous extension system of medical education which will consider the whole public as its school.

As a part of the national survey of nursing education just being started a special study will be made in Cleveland to insure for the eldest and the youngest sister of the profession the generous treatment which a grateful public owes to them. The sick nurse and the health nurse deserve every facility we can provide for them. They are the hands that apply the treatment and the voice that carries the message of health.

Hazards of industry will be studied and plans prepared which should cut down the accidents, the poisonings, the disabilities of the laborers in shops and trades, in factory and in furnace. The problem is already amply studied and needs now only the vision of organized industry little and big, to apply the lesson and reap the benefits of laboratory and clinic.

So, also, in the field of tuberculosis are the facts abundant and definite, and we fail only in courage and determination to carry the lessons we have learned to those who need them, to prevent infection in childhood, instead of trying to save the wasting life of the mother and father of later years.

The great awakening which has swept over the nation in the past few years as to our losses from syphilis, gonorrhea and from mental diseases must find us here alert to the possibilities of organized preventive measures. It will indeed be a matter of just pride to bring the plans of those who have promised us the result of their national experience to full completion in this city. No city

in the country has yet put into operation measures of proved success on a scale adequate to save our children and our children's children from the taint that maims but does not kill. We know how to conquer these diseases. Shall we have the will to win?

The surveyors can do no more than give a clear and truthful statement and point the way to remedy and list the resources at your service. It rests with the trustees of the community, you here, the leaders and directors of the health services, to see the program carried out.

Now that little countries and smaller cities brag of their greatest asset as a low death rate of infants, that most delicate index of community health, it behooves those who have made the reputation of their country in industry to win in the race for infant lives. It is within your power to cut in half the annual harvest of babies' deaths, and it will cost you less to save them than it does now to bury them. How labor, industry, investors will flock to your gates when you can show in your annual city reports that this is a true Mecca for mothers. In this field of infant welfare you have leaders enough in your own city whom you can safely follow. Failure to achieve results is a confession of municipal faint-heartedness. You cannot afford to waste mothers and babies, however much your savings bank accounts may be increasing.

Your new State law provides an organization of sufficient elasticity to permit every community to get the benefit of skilled central direction, as well as the liberty of local administration of its official health functions. You have the men, the plans, the imagination, the close integral contact with the medical school, which puts your local health department in a position to get the benefit of your support as soon as the citizens make it evident that they consider a dollar spent for community health insurance of more importance than any other dollar spent for city administration. There are many successes to the credit of education and private initiative in the health field, but the powers and duties of the health officer of your city exceed those of all the other agencies combined, and cannot be safely pinched for funds, without the risk of sickness bearing heavily upon the poor and dependent.

There will be made in Cleveland—

First, a careful physical examination of your city.

Second, consultation among the group diagnosticians.

Third, a program of treatment.

Fourth, an estimate of results expected, i. e., prognosis.

Fifth, application of treatment.

The survey will provide you four-fifths of your answers, and to no avail unless the community is ready to carry out the plan.

One cannot go far in study or plan for checking or healing sickness without facing the two great fundamental needs, education and decent homes. Your recent survey of edu-

cation, and recreation have given you the vision and a plan to meet the children's needs. Have you a plan for city growth? Is there generosity and statesmanship in provision of homes fit to house the kind of men and women you mean to make of your children, when they leave the school and play ground for office and shop? With all the will and skill which understanding and plan can give you, the answer to your wish for the safest, cleanest, healthiest city in our country, means not only hospitals, clinics, medical and health services, but it means a spirit of fellowship, brotherhood and Christian service which applies the Golden Rule to daily life between employer and workmen, landlord and tenant, the holder of public office and the citizens whom he serves.

Community Organization

BY DOROTHY THOMPSON

Why community organization, and how? Perhaps no more thoughtful and sustained attempt has ever been made to answer this question than was made at the conference of the National Social Unit Organization, recently concluded in Cincinnati. That the interest of the country in this question is keen was evidenced by the attendance at the conference. With only an insignificant national membership upon which to draw, the Social Unit was able to get together for three days of discussion representatives of many civic and social organizations, and even official delegates from muncipalities and states. The discussion was exceedingly concentrated and minute. Here was an organization whose total effort had been concentrated in a single district, representing about a thirtieth of the population of Cincinnati. In that district a unique form of organization had been applied—the citizens organized by blocks to study their own needs and desires and to give them expression—skilled groups democratically organized to formulate neighborhood programs. The organization had been in running order for about a year; hardly longer. It had largely confined its efforts to the field of public health. Yet several hundred people gathered five times a day on two days of the conference to discuss the results of this experiment and its potentialities.

Moreover, the speakers were extraordinarily prepared. With only a few exceptions each of them, representing a special field of social thinking—public health, recreation, church organization, business administration, labor—had spent several days or weeks in the Mohawk-Brighton Social Unit, intensively studying the experiment in relation to a field in which he was expert. In several cases his findings had been submitted to a very rep-

resentative committee and were presented as a consensus of opinion. On the basis of these "evaluations" and recommendations action was desired and obtained. There was much good thinking at this conference, organized and leading to decisions.

The resolutions adopted at the various sessions of the conference record the conclusions which resulted from the discussion. Summarized, these conclusions are as follows:

One problem confronts workers in every field of social endeavor—namely, to relate their work more vitally to the life of the community so that the citizens may be responsible with experts for determining needs, policies, and methods of work. The evidence produced by the evaluators of the social unit experiment shows that the Mohawk-Brighton Organization—where the experts are not only democratically organized but are related in a unique way to each other as well as to all the citizens—is making a very valuable contribution to the attainment of this end, and should be continued, carefully studied, and strongly supported for the service of Cincinnati and the nation; and that, furthermore, the results justify the extension of the unit plan to a wider variety of population.

The current of the conference ran interestingly into economic channels. John Walker, once president of the Illinois Federation of Labor, pugnacious and engaging leader of the mine workers, scorner of "charity" and "welfare," urged into a study of the social unit plan against his will, came before the conference to call the social unit plan "a source of good for all the people, second only to the organizations of labor themselves, and a means through which the labor movement can be strengthened and accelerated and its purposes made clear." At the same meeting, Mark M. Jones, secretary of the National Association of Employment Managers and Director of Personnel in the Edison Company, testified that community organization under some such plan as the Social Unit was potential for the development of more independence, responsibility and *esprit de corps* among the workers, and recommended the formation of a national committee of progressive and liberal business men to assist the experiment. This, on the day after the industrial conference at Washington had dissolved, was hopeful for better things.

There was much thoughtful discussion of the coöperative movement. John Collier introduced the subject in an illuminating talk on the democratic financing of extra-governmental work; pointing out that abroad—notably in England and Russia—public health nursing, relief, extra-school education and such other activities as might be undertaken by a community organization are being largely financed

from the cumulative dividends of coöperative business, such dividends being returned only in part to the individual stock holders, the rest being spent as it is earned—coöperatively. Mr. Walker echoed this in his speech. "As I see it, the coöperative movement offers the only constructive suggestion for the ultimate financing of democratic community movements," he said.

Mr. Collier was also responsible for introducing a discussion of community organization as a means for increasing the "real wage"—a means of organizing the consuming public to a point where its power should be equally effective with that of organized capital and organized labor.

Edward T. Devine was of the opinion that the Social Unit had laid down a definite challenge to social workers. "It has succeeded," he said, "in presenting a live issue; it has forced many who have a slight inclination to controversy to define their position for or against democracy, for or against the participation by the whole body of citizens in questions which have heretofore, for the most part, been decided by a small minority."

Dr. Devine's paper, far from being a mere review of the Social Unit in its relation to organized relief, was a keen analysis of the whole philosophy and practice of the plan and the reasons for the opposition. It deserves more space for discussion, but since it appeared in full in the November 15 issue of "The Survey" it will doubtless reach many readers of this publication.

Since measurable results of the social unit experiment are more abundant in the field of public health than elsewhere great interest centered around the reports and addresses of Dr. Haven Emerson, former New York Health Commissioner, who had "evaluated" the plan from the standpoint of medical organization, and Miss Zoe LaForge, of the Federal Children's Bureau, who had done a similar service from the standpoint of public health nursing.

"The obvious cause of failure of even the most liberally organized and intelligently directed governmental agencies for health protection is the lack of means of approach and contact with the people who need the technical services and the education upon which the reduction of sickness and death rates depend," said Dr. Emerson.

"Whatever the evidence of the qualitative or quantitative success or failure in the field of health and preventive medicine which may appear from the study of the full experiment in social organization in the Mohawk-Brighton District of Cincinnati, its contribution to progress will probably be judged by the degree of contact there has been established between those with knowledge and those needing it, and the extent to which the householders, parents and wage-

earners of this section of the city have understood and acted upon the information which they have received through their own agents and as the result of a conscious effort to solve their own problems.

"It must appear to anyone who will take the trouble to inquire as to the facts from the people of the Mohawk-Brighton District, that they had a determining voice in selecting and controlling all the health education, preventive medicine and sickness service features of community organization.

"Inquiry develops practical unanimity in the opinion of the physicians of the district, that the medical needs of the district have been better met than before, and that medical practice has been benefited.

"The accomplishments, which are tangible and serve as important evidence of a substantial improvement over the results obtained by the average health services in the large cities, are as follows:

(a) The reaching of a high percentage of all expectant mothers needing prenatal advice.

(b) Early and continuous supervision of all babies born in the district as well as adequate care for the mothers during the period immediately after confinement.

(c) Medical examination of all the children of pre-school age, with the result that a high percentage of the physical defects discovered were brought under corrective treatment.

(d) Probably all of the active cases of pulmonary tuberculosis in the district were discovered, reported and brought under guidance.

(e) Bedside nursing for those unable to provide it through their own financial or home resources; treatment was supplied to the sick of the district under the direction of their own physicians.

(f) In the influenza epidemic, the educational and nurses' service was prompt and efficient in reaching every case, and adequate care was given within the limits of medical knowledge.

(g) The correction of gross sanitary violations and the improvement in general cleanliness of premises has been obtained by a coöperative action.

(h) The mothers and fathers of the district have become educated to an alertness and understanding interest in the relation of health and its maintenance to their children's and their own welfare.

"In common with other students of the social unit plan," concluded Dr. Emerson, "I have recommended that a committee be created in the field of medical practice and preventive medicine to act in an advisory capacity to the social unit experiment, and to study the whole field of community organization, and that such a committee be affiliated through a paid executive with other advisory committees in other fields of social effort."

Drawing conclusions from the findings analyzed in the report of her investigation of the Social Unit, Miss LaForge said in part:

"The local nursing council of the Social Unit has demonstrated the practical application of democratic organization and administration of public health nursing in the Mohawk-Brighton District. The education in social processes afforded the nurses through contacts with occupational and citi-

zens groups is of inestimable value and is unique in the public health nursing field.

"The submission of a health program to the representatives of the district, the Citizens Council, for approval is a valuable means of securing a maximum of intelligent neighborhood coöperation. It is based upon the desires as well as the needs of the district. The degree of effectiveness of the nursing service depends primarily upon the degree of coöperation developed between the patient and the nurse.

"The material collected offers a fruitful source for study and analysis of special problems in public health nursing. There is no other community in the country which offers equally favorable opportunities for the careful collection of data in this field.

"The service of a statistical department is now available and suggestions for the simplification of the record system are being acted upon. The bulk of the present record system is formidable.

"Other public health nursing associations recognize the need for statistical service. The value of such a service lies in the determination of units of work upon which reports are based and in the definition of terms. Reports of the various public health nursing organizations in Cincinnati are not comparable because of the lack of such primary units.

"It is believed that much of the existing difference of opinion regarding the kind and quantity of nursing work done is also due to this lack.

"Of course the period over which the service has been in operation is too small to permit of final conclusions."

A very condensed summary of Miss LaForge's findings might be stated as follows:

The district has one nurse per every 3,000 of the population and the plan of intensive service on the basis of one nurse per unit of area has popular support.

Six services have been established—infant welfare, prenatal, general bedside care, maternity, pre-school and tuberculosis.

No fee has been charged for nursing care. When the district accepted the experiment it was agreed that for three years all services should be conducted without cost to the district.

The nursing staff of five members and an executive function as a nursing council and formulate plans of work which are submitted to the Occupational and Citizens Councils for approval. They may also be submitted to the city and national advisory councils.

The usual resources of visiting nurse organizations are supplemented by the Citizens Council of 31 block workers. In each nursing district there are about six block workers whose intimate

knowledge of family needs and neighborhood conditions is at the disposal of the nurses.

The Social Unit will go on. The convention endorsed a four-fold program for future effort. More social units are to be established —still experimentally as a basis for a more accurate measurement of statistical results, and in order to test in some degree the reproducibility of the experiment. A training school is to be established for workers in other communities. The National Advisory Organization is to be enlarged and budgeted and a wider national membership is to be solicited. Altogether the convention put the community movement several laps ahead.

The Art of Better Living

THE HOUSE

BY ELLEN M. ATCHISON, R. N.

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AS there are few books of practical reference on the subject of housing, although much has been written on the ideal; and as it is an old problem about which much has been said, many laws considered, and a few practical demonstrations attempted, but as yet with no real solution arrived at, perhaps I had better confine myself to the *actual experiences* I have had during my work as a Public Health Nurse. In teaching people to live better, we must always weave our work about their sociology,—their nationality, their religion, their customs, their income, the length of time in this country, the industries with which they are connected, and the houses which their individual community provides.

This question of housing has many angles. For instance, there are the small industrial or textile towns where all the houses that are for rent are owned by the corporation itself, and where these houses will always be good or bad just in proportion to the interest or lack of interest of the individual concern in the housing of its employees.

In the large cities where nearly all tenement houses are owned by syndicates, we often find that the syndicate expends a definite sum each year to retain a clever lawyer, because even that is cheaper than making the necessary repairs, that tenants and investigators might demand, such as installing fire escapes, placing lights in halls, re-

pairing leaks, or tearing down condemned houses.

Again, in the rural districts, we have all seen the poorly-constructed, miserably small house, about one-quarter as large as the barn—the house that has never been improved or added to, because all the owner could do in that line had been put into the buildings for the live stock.

So, while in teaching people to live better we have in mind always the general ideas of sanitation and hygiene, when it comes to housing conditions, it is much like making over an old dress—we must do the best we can with the material we have.

We must, also, consider the social instinct that holds people of one race and religion together in a neighborhood. I have known of definite instances where a family has been removed from a dark, congested tenement to a pleasant rural home, only to return to their former quarters because of that longing for the companionship of their own race or kind.

I honestly feel that personal hygiene is the secret of home hygiene—for it is safe to state that, as one does not like to put a clean body into soiled clothes, neither will the clean person be contented in soiled, dark, unhealthy surroundings. But again, the problem is "how can one be clean in the congested home?," and the problems that surround the much-talked-of bath room are many. In some homes we find the bath tub used for every purpose but the one for which it was designed—for soaking the family wash, as a coop for two or three live hens, as a coal box, a wood box, or we find the faucets broken and out of repair, and when the family is questioned as to why the tub is not used the answer, especially in the city, usually is: "In the summer we use gas and have no hot water," and "In the winter there is no heat, and it is too cold." Often we find the flat or tenement without a bath, and every room occupied. In one such case, when a young girl was asked if she bathed regularly she replied: "After it gets along in cold weather where can I take it? The kitchen is the only room heated, and the family sits there." The boy of the family is better off, for nearly all towns of any size have their Y. M. C. A. and he enjoys its bathing privileges.

Very often, in talking over this congested situation, the family will say that they realize the discomforts, and the need of better living conditions, but will explain that they are all employed within a walking distance of their present home and to continue to live there means dollars saved each week.

I feel that if each family could be made to appreciate the necessity of a living room, and by that I mean a room to live in, not a parlor (for we all have seen that best, seldom-used parlor, too severe and uncomfortable for words) but a

real home room,—I feel that much of the juvenile delinquency, many of the hasty young marriages, and much of the immorality of youth, could be avoided.

I have visited home after home where every room, except the kitchen, was a sleeping room, and even the lounge in the kitchen contained a child or two after 7 p. m.; and so the youth of the family had to entertain, or be entertained, on the street, or at the nearest beach, or movies, or dance hall.

In a hostess house, not long ago, a motherly woman found a soldier lad, who seemed so comfortable that she said, "You like this, son?" He replied "It's great"; "Just like home isn't it?" she continued. "No ma'am," he answered, "we don' have any room to sit in at home."

Much of the unhappiness that comes after marriage also is due, I believe, to this lack of a comfortable place in which to sit; the untidy wife, the untidy kitchen, and the dirty, crying children, leaving no comfortable place for reading or sociability, often is the first cause of the young husband seeking the brightly-lighted, highly polished corner saloon, which gradually leads him to all its unwholesome temptations.

But it is difficult to urge a living room when even sleeping quarters are so inadequate.

The family sleeping problem is often the greatest we encounter, for when we count rooms, then beds, then noses, it is a problem indeed, and it is the baby that usually fares the worst. It is no rarity, in looking over a year's death certificates, to find the cause of death of an infant recorded as "overlaying," and the contributory cause "accidental,"—which in many instances means an overtired father or mother, and an overcrowded bed. Also when there is illness the problem is acute. Each bed contains two or three sleepers each night. How can we arrange for the patient to sleep alone? I distinctly recall a case where two sisters had always slept together, not from necessity; one was pronounced tubercular, and, because the well sister sought another bed, the sick sister wept at being shunned, as she expressed it. The family all persuaded the well sister to return to the old way.

Even in the country, where it is not a question of rooms but of fuel, we find congested sleeping conditions, and closed windows, because in winter the wood fires do not last through the night, and in summer because "the damp air is not healthy." We all can recall good looking country homes where every window pane except the kitchen ones are covered with frost, which indicates the congestion of the family in the one room.

So we, who are trying to teach better housing for the family,—and it is a distinct family problem —must try to create a demand for better houses, for more room, for

practical housing laws that can be enforced; we must try to establish such a desire for personal hygiene that home hygiene will naturally follow; must try to teach that simplicity, cleanliness, and harmony of color and furnishings are the basis of home attractiveness, and that the home and the house is the unit of the community.

A Retrospect of the Influenza Epidemic

BY PERMELIA MURNAN DOTY

Executive Secretary Nurses Emergency Council

AT the present time when we are hearing frequent warnings about the advisability of being prepared to meet a possible return of the influenza epidemic it may be interesting to review, briefly, some phases of the work carried on in New York City by the Nurses Emergency Council during the epidemic of 1918.

A meeting of representative nurses was held on October 10, 1918, in response to a call sent out by the Atlantic Division of the Red Cross.

At this time the epidemic was gaining headway with alarming rapidity. The Director of the Nursing Service of the Henry Street Settlement reported that over 500 new cases of pneumonia and influenza had been cared for by the staff nurses in the last four days. A survey of one city block showed 220 out of 1400 people ill. The resources of the city would doubtless have been taxed to the utmost under ordinary conditions in an attempt to cope with the serious situation brought about by the epidemic, but at that time, because of the great shortage of doctors and nurses due to war needs, the task was one of unprecedented difficulty.

It was the consensus of opinion at the first meeting that there should be an immediate organization of the nurses of the city in order that all nursing forces, trained and untrained, might be mobilized at once. It was of course essential, if relief was to be given in the most efficient way, that all necssary resources should be carefully conserved and any duplication avoided.

Through the courtesy of the Red Cross a Central Office was secured at Fifth Avenue and 36th Street. Miss Lillian D. Wald consented to serve as Chairman; an Executive Secretary was appointed, and in twenty-four hours the Nurses Emergency Council was a working organization. The office was kept open evenings and Sundays and the Council held daily meetings.

The plan of the Nurses Emergency Council for giving relief to the city was immediately discussed with the heads of the various organizations in New York where

nurses are employed, and their coöperation asked for. It was requested that wherever possible nurses who were doing work which might be temporarily suspended should be released for work in connection with the epidemic. In every instance great willingness to coöperate and interest in the plan was shown. However, many agencies reported so great an increase of work in their particular field that it would be quite impossible to release their nurses for other service.

During the epidemic the work of the nurses on the Staff of the Henry Street Visiting Nurse Association was practically confined to the care of influenza and pneumonia cases. Various other nursing organizations, whose work is chiefly social and educational, suspended their regular work and released their staffs for whole or part time service under the Director of the Council.

It would be impossible to mention all coöperating agencies, since practically all social and nursing agencies in the city contributed in one way or another. The splendid spirit of coöperation shown by nursing organizations, both public and private, was a really remarkable demonstration of the way such work could be handled. It is doubtful if so efficient a coördination would have been possible in a city less well organized than New York.

It was increasingly evident that the nurses of the city would be quite unable to cope with the situation unless their service was conserved in every possible way. Women who had had training either as attendants or aides were needed to accompany the nurses, and help them in their work in the homes, for visiting nurses were reporting, not one patient ill in the family, but four, five and six. One pair of hands, however skilled, could do but little in the short time it was possible to spend in one home, when in so many other families the need was acute.

Few of our hospitals have an adequate nursing staff under normal conditions; how could they hope to handle anything so terrible as the epidemic of influenza which the medical profession believes to be the worst scourge this country has known since 1850? Twenty-bed wards were stretched to take in forty and fifty patients; when there were no more beds, cots and wheel chairs were used. The nursing staff remained the same for forty and fifty that it had been for twenty, and still ambulances were busy night and day carrying the sick from homes, where they could get absolutely no care, to hospitals from which they could never be turned away. Hospitals reported that their nursing staffs were greatly depleted because of illness. One school had thirty nurses out of a staff of one hundred and forty off duty ill with influenza at one time. If the sick were to have even the

simplest nursing care help must be sent to the hospitals at once. Women who had had training or experience in the care of the sick were especially desired, but there was work for every one who was willing to help.

The first big task was, therefore, to get the need before the public. The Red Cross inserted a quarter page advertisement in all the Sunday papers calling for service from the women of the City.

The Council had 15,000 hand bills with the same appeal struck off. The printers to whom we had explained the urgency of the situation sat up all night in order that these hand bills might be ready for distribution early the following morning. These were practically all distributed before two o'clock in the afternoon. Volunteers gave them to the passers-by on various Fifth Avenue corners, others distributed them in the principal shops and in the Grand Central Station, and still others visited the women's clubs of the city, requesting that this statement of the urgent need for women to help in a critical situation be posted in a conspicuous place in the club.

A letter making a similar appeal was sent to the Secretary of the City Federation of Churches with the request that it be read in all churches on Sunday. The same appeal was made in all the Red Cross Auxiliary work rooms; 5,000 placards were placed in the lobbies of the theatres, and 100 slides made to be shown on the screens in moving picture houses. The need was kept before the public from time to time through the daily press.

The women of New York responded to this call for service as they have to every other call during the past four years. They came, the rich and poor alike, not knowing just what the work was to be, but realizing the need and anxious to help. All were told that the task was a difficult one and that they would need courage and determination to see it through.

To save time and confusion, all applicants were first interviewed at the Red Cross Bureau of Nursing Information, and only those suitable for the emergency work, and ready for immediate service, were sent to the Council office. Nurses who would go out of town were referred to the Atlantic Division of the Red Cross, since urgent appeals for help were constantly received from other communities. Cards were made out for all applicants in the outer office, giving the name, address, telephone number, training or experience, and whether they were volunteer or paid workers. To this was added the assignment, or any other information necessary, and the card was filed according to the assignment made. A separate file was kept for applicants on call, and colored flags were used to indicate the different types of work-

ers. The records were as simple as possible, the aim was to get the workers to the hospital or home, where they were so greatly needed, without delay.

During the first few days the great majority of workers were sent to the different hospitals in the city, since the need seemed most urgent there.

The reports from the various hospitals regarding the work of the volunteers were exceedingly interesting. There was the greatest appreciation of the service which had been given. Several superintendents of Nursing Schools said they did not know how they could possibly have managed at all without this volunteer assistance. The criticism of this volunteer service was usually the same. A great many of the untrained workers could and did do splendid work, but they did not "stick"—they dropped out in a day or two—and one could not be sure from day to day how many could be depended on to return the next day. The following table shows the time given by thirty volunteer workers sent to one institution:

	Days	Hours
3 gave	11	1 — 58½ 1 — 108 1 — 99½
3 gave	10	1 — 109 1 — 57 1 — 55½
2 gave	7	1 — 28 1 — 79
3 gave	6	1 — 55½ 1 — 64 1 — 42½
2 gave	5	1 — 34½ 1 — 54½
5 gave	3	1 — 23½ 1 — 20 1 — 16½ 1 — 15 1 — 32
4 gave	2	1 — 9½ 1 — 12½ 1 — 19½ 1 — 14½
4 gave	1	1 — 9½ 1 — 7 1 — 2 1 — 6

This is, of course, the usual criticism of the volunteer. There is not the same feeling of obligation and responsibility that trained workers have. There is the usual difficulty in making adjustments to new work. In this case, doubtless, some of the workers became ill or had illness in their homes. Unpaid workers cannot be expected to stand the long hours of duty and the hard work that nurses have had to become accustomed to through a long period of training. This work means, not only physical strain, but nervous and mental as well, and it is not surprising that many found the work too difficult.

By the end of the first week there was a decided decrease in the requests for help sent in by the hospitals. The Commissioner of Health reported that, on the whole, the hospital situation was greatly improved and the Council felt justified, therefore, in concentrating on home care.

The plan developed for handling this side of the work was as follows: No nurses or nurse's aides were to be sent into the homes except upon the recommendation of

the Nurses' Emergency Council. This was the only way that it seemed possible to avoid duplication. All individuals offering their services as nurses' aides, or nurses' helpers were to be referred to the Council office, and sent out from there, if, in the judgment of the people responsible for such assignments, the applicant showed fitness for the work. All calls for nursing service received at the office of the Council were immediately referred to the nursing centre nearest the patient. A list of nursing centres, with address and telephone number, was posted in the community centres and other places which might be receiving stations for calls. All cases reported to the forty-three community centres and the forty-two nursing centres were first investigated in order to find out what the real need was. This was found to be absolutely necessary in order to conserve the strength and time of the graduate nurses, and assure their services where the need was most urgent.

Those patients needing nursing care were reported to the nursing centres, while those needing other types of service, such as some one to clean the house, or care for well children, or help with some other social problem, were referred to the community centres.

This important work of investigation was carried on by teachers released by the Board of Education and the Public Community centres. Such investigation was not, of course, necessary where the application for a nurse was made by or at the request of a physician. But, as might have been expected, the element of hysteria was not lacking during this epidemic, and urgent appeals, even demands, were made for nurses when their services were not really needed. In some instances nurses were even locked in the house by the patient's friends, or kidnapped on their rounds, so panic stricken had the people become. Nurses' helpers to stay in the home during the day or night were sent out only on request of the graduate nurse in charge of the case.

The nurses left the centres at nine a. m., usually in an automobile, each carrying a supply of soup and linen. They were frequently accompanied by an aide, who gave whatever assistance she could in the homes, either household or nursing work as the need was indicated. The second rounds were started at two p. m. These nurses, of course, answered calls in their own districts. Henry Street Settlement, however, was a receiving station for the entire city, calls being referred by them to other nursing centres. The main office received calls until one a. m.

Later, because of the great increase in the number of cases, a night service was started in five districts. These nurses started at four p. m. and went from house to house giving nursing care until midnight. The nurses felt that

these night rounds gave them splendid opportunities for service, and were enthusiastic about the innovation. No more nurses were required, since it relieved the pressure during the day. It was, of course, a wonderful thing to feel that cases reported late in the afternoon would not have to go unvisited until the following day.

Nurses were finding many households where whole families were ill, or perhaps a mother and several children, without anyone to give them even the simplest nursing care. Some of the patients were critically ill. Because of the prejudice against hospitals, which was doubtless accentuated during the epidemic by reports of so many deaths in institutions, it was necessary that some one be found to stay with the sick in the homes—since many people refused to allow their friends and relatives to be taken to a hospital.

For this work women were needed who were not only willing to take care of the sick but also to help with household affairs. It was, of course, a good deal of a risk to send untrained women, about whom we knew so little, into the homes to care for desperately ill people, but under the circumstances it was the only thing to do. Women with practical experience in nursing were selected for this work. A reference was required, not as to nursing ability, simply a statement regarding honesty and general character. Women who reported for this service were asked to wear a wash dress and comfortable shoes and to bring an apron. They were given masks and printed instructions regarding the prevention of contagion in the home,—a simple outline of the essentials in the care of the patients and also careful instructions to be observed for their own protection.

The question of allowing patients to pay for nursing service in the home was also considered. It was decided that patients should be encouraged to pay whenever possible, with the understanding that this money should be turned into a general fund to be used for emergency relief. The Council felt that it would be a bad precedent to give nursing service without payment, since in many cases these services, especially at the present time, were given to people who wished to pay and who were quite able to do so.

All graduate nurses sent out were paid by the Henry Street Visiting Nurse Association; the majority of untrained women gave volunteer service. In certain cases this was not possible, and a plan was developed by the Board of Health for the payment of workers.

Nurses going into the homes to care for influenza patients reported that many families were in desperate need of food, clean linen and warm covering. This did not by any means always mean a lack of these things because of poverty, in

a majority of cases it meant that the regular machinery of the household had stopped because of the illness of the wife and mother. There was no one to prepare food or wash linen. The members of the Council were unanimous that, while relief should be immediate and without red tape, every effort should be made to avoid any unnecessary pauperization, also that during this epidemic the dignity of the people should receive every consideration.

The Red Cross agreed to provide the necessary linen for use in the homes and also to supply nurses' aprons, gauze masks, gauze mouth wipes and paper bags for the use of the nurses doing influenza work. A certain amount of linen and other supplies was delivered to the various nursing centres throughout the city. Each supervising nurse signed a requisition for the amount needed in her district and she in turn gave these supplies to the nurses on her staff, who reported the needs as they discovered them on their daily visits to the homes. This linen was in every instance considered as a loan. A certain percentage of loss was of course anticipated, but by far the larger part was later returned to the Red Cross.

The Council was the means of supplying linen in other ways. One hospital reported an urgent need for hospital shirts; this was reported to the Red Cross and within twelve hours, 200 shirts had been delivered to the hospital. Word came that a house in the country had been turned into a hospital for influenza patients, and the need of linen was acute. The Red Cross made the necessary purchases, and loaded them on a truck which started at once,—here again relief was given within twenty-four hours.

The question of transportation was immediately taken up by the Council. In order to conserve the time and strength of the nurses, and enable them to do a maximum amount of work in a given time, automobiles were needed to carry them from house to house in the districts. This was especially true in certain localities like the Bronx, where the distances are very great. Automobiles would also make it possible for nurses to carry with them from the stations such diets, linen and other supplies as they considered necessary, and these would be available for use in the home without any loss of time.

During the acute period of the epidemic from twenty to twenty-five automobiles were used daily. Some of these reported at the nursing centres and were used to transport nurses, aides and supplies in the districts. Others were stationed at the office of the Council and were used to distribute linen and diets, and also to send workers to the hospitals or homes when it was important for them to get there without delay.

The question of feeding is al-

ways inseparably bound up with nursing. It is not surprising, therefore, that at the first meeting of the Council plans should have been outlined for food distribution during the epidemic. It was clearly indicated that diets would be needed in large quantities, and, as it would take time to perfect plans for handling this work on so large a scale, broth was secured for immediate distribution through individual contribution. This was delivered to the different nursing centers, which were also provided with fibre containers which the nurses could use to carry soup with them on their daily rounds.

Later it was decided that all distributions be made through the Conservation Kitchen of the Mayor's Committee of Women on National Defense, and that all requests for diets be sent directly to this kitchen. A report from the kitchen shows that between October 1 and November 3, 12,241 quarts of soup were distributed and 2,255 quarts of cereals, junkets and custards were given out.

Owing to the shortage of physicians, nurses frequently found patients who had been ill two and three days and had not even been seen by a doctor. Since visiting nurses do not prescribe treatment the situation was serious. At the request of the Council, the Chairman took this question up with the Commissioner of Health, asking that he authorize a routine treatment for influenza and pneumonia cases which the nurse could carry out until she had direct orders regarding the case from the individual physician in charge. The outline of treatment suggested by the Chairman was approved, and the Commissioner directed that all nurses sent out by the Council be instructed to proceed with this treatment without delay pending the arrival of the physician.

As the epidemic began to subside the Council decided to make each nursing centre more largely self-sustained. Practical nurses were assigned to the various centres, and no more requisitions for special nurses were sent to Headquarters except in emergency. The supervising nurses had the names and addresses of the practical nurses and helpers, and assigned them for day or night duty from day to day as circumstances required. This change went into effect on October 25.

The Council realized fully that, notwithstanding all their efforts to meet the fearful emergency caused by the epidemic, they were not able to do this with anything like the success which they could have wished. Undoubtedly much ground was left uncovered. Many sick people did not receive nursing care, and much suffering was unrelieved. But because of the splendid coöperation of the various organizations and the faithful and devoted service of those who gave their time and strength so unsparingly the Council believed that cer-

tain very definite things were accomplished. It is indeed true that "we learn by doing" and there is no doubt that, should the need arise, the nursing profession would be much better prepared to meet a similar emergency because of the experience gained at this time.

The Nurses' Emergency Council were unanimous in believing that there should be a carefully worked out plan for the after care of all influenza patients, if the dreaded aftermath of tuberculosis was to be avoided. Upon recommendation of the Council the Chairman presented to the Commissioner of Health an outline for this very essential follow-up work. This plan included medical examination for all influenza cases, especial provisions for diets, and stations throughout the city where patients come for observation and advice. A doctor and graduate nurse are to be stationed at each centre. The suggestions of the Chairman were cordially approved by the Commissioner and immediate steps were taken to get this work started without delay.

The Metropolitan Life Insurance Company has recently requested that beginning October 1, 1919, there should be included in all histories taken by visiting nurses, a statement as to whether or not the patient under their care has had influenza during the past year. This information is to be used in a study which the Metropolitan Life Insurance Company proposes to make regarding the sequela of influenza.

By November the sixth the epidemic had sufficiently subsided to warrant the Council discontinuing a central office. The various coöperating agencies resumed their own work, and all cases needing nursing care were carried by the Visiting Nurse Service of the Henry Street Settlement.

Germ diseases kill off more people than the deadliest wars, says the United States Public Health Service. In 1917 pneumonia and tuberculosis killed 223,000 Americans, more than seven times the number killed in action in France.

Value of Public Health Nursing Affiliation in Training of Student Nurses

BY CLARIBEL A. WHEELER, R. N.

Principal, School of Nursing, Mt. Sinai Hospital, Cleveland.

THE demand for large numbers of Public Health Nurses is growing so insistent as to be almost alarming. Recent legislation in many states, when put into effect, will require hundreds of Public Health Nurses. The Red Cross is looking for hundreds more. The question is, where are they to be found? They cannot be produced at a moment's notice. How splendid it would be if, like Alladin of old, we could rub a magic lamp and they would appear before us in large numbers, trained and ready for action! Authorities on public health nursing matters recognize the importance of providing only well trained women for this field of work. We must, therefore, go back to the source of supply, Schools of Nursing, for a solution. The best schools are feeling the responsibility of this situation very keenly, and are seeking ways and means of meeting it.

Cleveland Schools of Nursing are particularly fortunate in having an opportunity to affiliate with the Western Reserve University, where their students may have actual experience in field work in the Public Health Teaching District, as well as the advantage of the excellent theoretical course and lectures given by the staff of instructors in the department of Public Health Nursing of the University.

Two courses are open to student nurses from the schools of the city, one a two months' course, the other a four months' course. The two months' course is not designed to definitely prepare a nurse for public health nursing; however, it does give a student an opportunity of looking over the public health field and of becoming familiar with the various phases of the work. This is a decided advantage to the student nurse in helping her to decide what field of nursing she desires to enter after graduation. Aside from this she is usually instilled with the social view point if she has not possessed it before, or if she is at all capable of acquiring it. The four months course is in reality the first part of the regular post-graduate course. It gives a very definite preparation in the procedure and practice of public health nursing. The students, besides being taught the actual technic of visiting patients in their homes, are made familiar with all forms of public health nursing, such as; infant welfare, industrial nursing, tuberculosis nursing, public school work, preventive and prophylactic methods of handling communicable disease, medical

social service, and the value of coöperating agencies and how to use them. This course is given with the hope that after graduation the student will return to the University and complete the remaining four months. The first is not complete without the second, especially as the last four months round out all that the student has had previously and furnishes horizon and vision.

In the school with which I am connected the students have the opportunity of electing the last four months' of their training. If they wish to take contagious or mental work they are sent where they can receive it; if they desire special work in the care of children, obstetrics, surgery or hospital administration they are given this additional experience in the hospital. In the same way, those who elect public health nursing, provided they show fitness for this field of work, are sent to the University Teaching Centre. At first only the two months course was available, but in May the opportunity for four months was made possible and I have urged the students to take the longer course, feeling that it had a decided advantage over the other. Two students elected this course in May. One of them is now completing her year's work in the University, the other has been appointed to the school nursing staff of the city and expects to complete her course in the University next fall. At present there are three students taking the four months' course.

I have watched with interest the marked enthusiasm displayed by the students and their many expressions of appreciation of the public health course. Without exception they have been delighted with it. It has brought out in the pupils latent qualities that I did not dream they possessed. They tell me that the course has given them a broader view point of nursing, more self assurance, and that the knowledge they have gained in all branches of public health nursing has given them a real and lasting foundation and vision on which to build their future work.

Personally, I think the course is of inestimable value to the students, because it makes them lose the narrow view point of the patient as the unit, so often characteristic of pupils in hospitals, and gives them the idea that the family or the community is the unit. It teaches them not only the technic of public health nursing, but instills into them the spirit of coöperation, and emphasizes the fact that health is only one factor in the public health problem, that other factors, such as education, recreation, employment, and social uplift play an equally important part.

Public Health Scholarships for Graduate Nurses

In the city quarters where live the first-generation Americans, often under most difficult conditions of crowding and poor sanitary arrangements, the Public Health Nurse helps them in becoming successfully adapted to the new environment. (By courtesy of American Red Cross).

PUBLIC Health Nurses are needed in constantly increasing numbers," states Miss Clara D. Noyes, Director of the Department of Nursing, American Red Cross, "in the old gold fields of the Pacific Coast, in the mining communities of the West, in the cross-roads villages of the Mississippi Valley, on the cotton plantations of the South, in the New England mills—everywhere that American citizens are arousing to their individual responsibility for community welfare, and are awakening to the value of the Public Health Nurse as the best instrument for preserving the health of the neighborhood."

Accordingly, the American Red Cross has appropriated $100,000 to be used to aid nurses returning from military duty abroad, and those who have been serving their country at home, in fitting themselves for public health nursing, either under the Red Cross or one of the many other organizations sharing in the promotion of the community nursing idea. With the money thus set aside, 247 American nurses, 109 of whom have been recently released from

military service, have during the past eight months been granted scholarships to enable them to take training in public health nursing at the school which each chooses. Of these scholarships, 123 have been for $300 each, permitting the nurse a four months' course, while the remainder have been for six, eight and nine months' courses. The School of Civics and Philanthropy, of Chicago, has 28 nurses taking post-graduate courses on Red Cross scholarships; the University of California has 12; Simmons College, Boston, in affiliation with the Instructive District Nurse Association of that city, has 53; Teacher's College of Columbia University, 62, and thirteen other colleges have varying numbers.

These scholarships are granted by the Red Cross Division Directors of Nursing, with final approval of National Headquarters. The Red Cross Bureau of Information for Nurses, established in coöperation with the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, advises nurses returning from overseas duty, or released from military service in this country, regarding positions in civilian hospitals and training schools, now greatly in need of graduate nurses, and also of the opportunities in public health nursing.

Red Cross chapters have also responded generously in assisting local nurses to post-graduate training so that they may return and develop public health nursing in their own communities. The Pacific Division has granted ten scholarships. The chapter at St. Paul has established thirteen, the Minneapolis chapter, ten, and the Metropolitan Chapter, Boston, has set aside a fund for the same purpose. The New York County Chapter has given, in addition to others, ten scholarships to equip and send Public Health Nurses into localities where it is impossible for the community itself to train and support a nurse. It is planned to pay the salaries of these nurses, in the hope that a service may thus be extended to many people who for the present could not meet this responsibility on local resources.

One of the most important features of the Red Cross peace time program, announced in connection with the recent third roll call, is the development of public health nursing; and the prime requisite is a body of nurses, trained for public health work. On July 1, 1919, there were only 8,194 public health nurses in the United States, of whom 1,213 were industrial nurses.* Every agency engaged in the work has felt the need of broader sources of nursing personnel supply, and it is to provide this that the Red Cross scholarship fund was created.

*According to the latest figures compiled by Miss Waters, there were on November 1, 1919, 8,520 Public Health Nurses; 2,967 public health nursing organizations, and 387 "subsidiary" organizations, i. e., associations which do not employ their own nurses but help to support a nurse from some other organization.

Talks to Children: Care of Teeth

BY AMY F. LOWE

Formerly Public School Nurse, Aurora, Ill.

I WANT to talk to you for a few minutes about something very interesting, that is *yourselves*: everyone is interested in himself or herself, I think, don't you?

First I want to ask you a few questions. How many of you have a kitchen in your home? Everybody has a kitchen and some people have a dining room as well. The kitchen is the place where the food is cooked and the dining room is where it is eaten; but if you eat in the kitchen it is just the same as a dining room.

In the kitchen your Mother has many things to cook with—pots and pans, and frying pans, and many other dishes that she uses. Whenever she wants to cook something she takes a clean pan; that makes a great deal of work for her for she must be always cleaning if she wants to have a nice kitchen and clean food. A dirty kitchen is not a nice place to cook or eat in, so all the time your mother must scrub the floors, and the tables, and every day she must wash the dishes several times, or there would not be any clean dishes to eat from. If she did not wash the dishes after each meal, and should give you a plate to eat from that had not been washed, you would not like it, because the food would not look nice or taste so good from a dirty plate, would it? For that reason every one tries to keep the kitchen clean, and all the things in it, so that when we go to dinner we shall be glad to eat the nice things prepared for us.

If things are not nicely and well cooked they do not do us as much good as if they were cooked just right. If we do not have the right kind of food we do not keep well; grown people, as well as children who are not well do not like to play and work in the same way that those who are well and healthy do, so we must be careful what things we eat, and how we eat them.

Now, then, I am going to tell you about some things that you do not know much about, or have not thought much about.

Do you know that you have a kitchen and a dining room right in your own bodies? Who can tell me which is the kitchen and which is the dining room? Yes, your mouth is the kitchen and your stomach is the dining room.

In your little kitchen are a lot of little pots and pans to cook with. Do you know what they are?

Your teeth! They are the little dishes with which to prepare the food before it goes to the dining room. If these little dishes are

dirty, and full of holes, they are very bad things to use for nice clean food. Teeth that have big holes in them, and ache a good deal cannot do good work.

There is only one way to keep these little pots and pans and your kitchen clean, and that is to have a good tooth-brush and brush the teeth at least twice a day. How many of you have a tooth-brush all your own? You should never use anyone else's tooth-brush. How many of you brush your teeth twice a day? I will tell you more about the tooth-brush in a few minutes, but I want to tell you first that there are a lot of little people in your body floating around in the blood; these little people are always ready to eat at the proper time, and when they are told to come to the dining room (your stomach) and they find some food there which has not been well prepared, well chewed by nice clean teeth, they go away and say, "that was not a nice dinner" and we have nothing to take away with us." Then you get tired, and do not want to work or play, and you are not nice and fat, with rosy cheeks. But if the food is well prepared and clean, then these little people come to the dining room and say "Oh! what a nice dinner," they eat a lot, and go away satisfied, and carry the food to all parts of the body, the arms and hands, the legs and feet, the eyes and hair, the lips and cheeks, and to every part of the body where it is needed and then you don't feel tired, you feel like playing and working, and are well and healthy.

Now the best time to brush your teeth is at night. But if you can brush them after each meal it is better still and especially before breakfast.

The reason that night time is the best is because then all the little bits of food which have gotten into and between the teeth during the day can be brushed out, and so leave the teeth and mouth clean. The bits of food, if left in the mouth all night, will turn sour. It is the sour food that spoils the teeth, because it makes a strong acid which very quickly eats through the hard covering of the teeth, and very quickly makes big holes in them. So we must keep the mouth free from this acid if we would have good teeth and good health.

How many of you brush your teeth at night? Do you think that this little story will make you want to brush your teeth at least twice a day?

The Lions Club Health Camp

BY JANET A. SCOTT, R. N.

Public Health Nurse, Oklahoma City Anti-Tuberculosis Society

SHORTLY after the opening of our tuberculosis dispensary we realized that the greater portion of our children were not only exposed to tuberculosis in their homes but were very much underweight and otherwise handicapped. These children seemed so anxious to co-operate, in fact in many instances seemed our only hope. To give them an opportunity to build up their little bodies and to get in closer touch with them, was one of our great visions. With this object in view, we kept a control sheet, the data was taken from the records at the dispensary showing how each child stood, what diseases they had had—whether undersize, underweight or otherwise handicapped; the diagnosis upon physical examination, as well as x-ray and laboratory findings was noted. At the end of the first year our vision grew larger, for our control sheet made us realize how great was our task, in the control of tuberculosis. As this disease gets its foothold early in life we were determined to give these children a chance.

The Lions Club of Oklahoma City too had a vision—a vision of little children away from the hot streets of the city, enjoying a vacation in God's out-of-doors. The compiled data from our children's dispensary was presented to the Lions Club for consideration, with the result that a health camp was planned by this club and the children were selected by the staff at the Tuberculosis Dispensary.

In order to get a list of children who were most in need of this outing, Public Health Nurses, school nurses, all charity and health organizations, were asked to send in the names of any anaemic or underweight children under their care. The homes from whence these children came were investigated by the tuberculosis nurses, the children were examined at the dispensary and, where advisable, a complete laboratory and x-ray routine was given. If the child was then eligible for camp, a contract was signed by the parent or guardian stating that he or she was willing to have said child enter camp and be under discipline.

A camp site was chosen at Witcher, Oklahoma—13 miles from Oklahoma City, on a branch of the Deep Fork. The Y. M. C. A. offered to supervise and manage the boys' division in July and the Y. W. C. A. the girls' division in August. The service of a dispensary nurse was offered, her full time to be given the children while

A GENERAL VIEW OF THE CAMP

THE SCREENED-IN DINING ROOM AND KITCHEN

THE BOYS' CAMP

INTERIOR OF THE DINING ROOM

in camp. Army tents and cots were secured from the State and the Lions Club defrayed all other expense.

The boys camp opened July 8 with 43 happy youngsters ready for anything— after a twenty minutes ride on the train, their dream came true. Here at Deep Fork they found a wonderful grove of trees, trees much larger than most we see in Oklahoma, and in the midst a screened-in dining room and kitchen.

As dinner was not quite ready the boys did not linger, but away they went to the creek and over the foot-bridge, and on the east bank they found in an alfalfa field a row of army tents waiting. This was more than they had dreamed of—what joy would be theirs to sleep on cots that sure-enough soldiers had slept on! A bugle call brought them back over the bridge and after general introductions a picnic dinner with ice cream was served. After a short rest, following lunch, the play ground was cleaned of underbrush and debris by 43 pairs of willing hands. Thus opened our first health camp in Oklahoma.

The routine of both the boys' and the girl's camp was very similar, with the exception that the girls went in swimming but once a day. The day started with 7 o'clock reveillé, a dip in the river, 7:15 setting up exercises, then wash up and cleaning of teeth. Breakfast 8 o'clock. Police duty 9 o'clock, for the grounds must be kept in order. Inspection 10 o'clock. Sick call 10:15, swimming 11 o'clock, dinner 12 o'clock, rest period of two hours followed the noon meal. Games, hikes, etc., came next, with a swim at 5. Supper 5:30. Games, camp fires, treasure hunts, story telling, etc., took up the evening, with sick call again before bed time. Taps at 9 o'clock and after a busy day all was quiet.

To give an idea of the actual work we did, the following is a comparative report of the two camps: 43 boys and 43 girls entered camp—the boys July 8, the girls August 6. A total of 56 boys were admitted during the month and 48 girls. Fourteen boys were discharged from camp—7 of whom were homesick, the others made attempts to leave camp without permission, and were discharged because of demoralizing effect on others. Five girls were discharged —2 for medical care. Two returned home to help mother—one was homesick. Of the 104 children admitted to camp— one boy and two girls were over weight. One girl normal weight, all others were underweight. The average age of girls was 10 years. The average age of boys was 8 years.

The health of the girls' camp was the better. The girls, being older in years, probably gave better coöperation, and a larger per cent of the girls had been under dispensary supervision and for a longer

period than the boys; and, the last but not least reason—the girls slept in the open. The first night in camp many of the girls were greatly distressed because they could not have the flaps of the tents lowered and gave many excuses, the most prevalent reason being that, "they walked in their sleep," but volunteers relieved the situation and those who were timid slept near the center of tents and all slept with tents open—toward the end of the first week, we asked for volunteers from a crowded tent to sleep out of doors, the nurse accompanying them. All were enthusiastic over their experience, with the result that next night all cots were removed from the tents by request of the children. A cot drill was installed and we felt safe, though the weather was not promising, for we knew that 43 little girls could get their cots in shelter in two minutes.

Each morning when the sun came up, it was greeted by the happy little girls who awakened in fine humor. We had learned our lesson in the boys camp—then, the side flaps were lowered at night and we had continuous cases of tonsilitis and not until orders were issued that all tents be left open did we get rid of sore throats.

Paper towels and paper drinking cups were used, health talks were given and the chores of the Modern Health Crusader practised. The children soon got the habit of keeping health chore No. 1, "I washed my hands before each meal," for when very hungry and not allowed to enter the dining room, they soon realized that cleanliness was essential. "Brushing of teeth" was a more difficult problem. With tooth brush drills and talks we realized that supervision was needed at each brushing of teeth. The girls took this chore more seriously than the boys—and a greater improvement in their teeth was noticed by the parents.

A weight and height chart was kept, but an accurate report cannot be made on the boys' gain for it was impossible to obtain scales at the opening of camp. The girls were weighed the first night and each week at practically the same hour and in camp clothing, showing an average gain of 4½ pounds for each girl who remained during the 3 weeks. The maximum gain was 8¾ pounds. A ribbon was given for each pound gained and the children were keen on knowing just what to do to gain. After the first week we had very little trouble during rest hour, or in having other health rules observed. Fletcherizing was emphasized and the reason for mixed diet was explained. Some of the children prepared their own meals at home and the variety of food given them in camp was not relished by all; but competition was great for gaining in weight and if cooked cereals and a varied diet would build up their bodies, they would surely eat what was put before them. (One

small boy longed for a can of salmon and a fork, this was his idea of a square meal.) Some of the boys ran away from camp because they could not have coffee to drink. Though some of the girls drank coffee at home they never asked for it in camp and promised as Health Crusaders not to use it in their homes. At the close of each camp a mother's day was observed and a chicken dinner served.

The local tuberculosis society presented each child with a silver crusade pin and a rhymes book. The chores of the crusader were explained to the parents and their coöperation was asked in order that each child might receive proper encouragement in the home. The parents seemed greatly pleased with the improved condition of the children, the tuberculous mothers especially expressing a desire that the time might come when they too might derive the benefits of an outing such as their children had.

To carry on the gospel of right living a Camp Brooks Health Club has been organized. The girls division will meet each month at the Y. W. C. A. and the boys division at the Y. M. C. A. The girls' and boys' secretaries of these organizations have promised their coöperation. The nurses will keep in touch with these children in their homes trying to improve their environment, and from time to time have them examined at the dispensary.

We feel assured that the object of our camp has been attained, for aside from their improved condition we find most of these children not only trying to keep their health chores but spreading the good story of a clean mouth and clean hands among their playmates.

NOTE

Owing to the difficulties in regard to the paper situation it has been necessary to print our November and December issues on glossy paper instead of the rough surface paper used during the rest of the year. We have, however, a few copies printed on the usual style of paper, which we shall be glad to supply, on request, to those who have their PUBLIC HEALTH NURSE bound; in order that such bound copies may be uniform. Requests for these copies should be sent to the Editorial Office, 2157 Euclid Ave., Cleveland.

The Story of One Nutrition Class

BY MARY A. HICKEY

Springfield, Mass.

FOR our first nutrition class we selected a small school in a community where we thought it was needed. There was no difficulty in finding in one school building 48 under-nourished children, who showed no signs of disease which would prevent them, under better conditions, from making a normal gain. Among these children were many nationalities. Little Yvonne was French, there were several Italians and a few negro children, while a large percentage were of American parentage.

Many of the children were scrupulously clean and showed plainly the painstaking care of thrifty mothers; some came from homes where proper food is purely an economic problem; very few came from indifferent homes. However, the diet in each case was more or less faulty.

All of the children were under-weight. Thirty-nine of the 48 were 10 per cent under-weight, and nine weighed from 20 to 30 per cent less than normal. One boy who should have weighed 70 pounds weighed only 53. The children were not only under-weight, but most of them were pale and anaemic, with soft, flabby muscles; a few of them showed symptoms of eye trouble.

We met once a week and the children were given talks on foods and health. Through the medium of the Hampden County Milk Educational Campaign we were able to place great stress on the value of milk; they furnished milk for 16 of the 48 children. Weighing was a special event in the weekly program; the attention of the group was focussed on the scales as Marie or Alberta stepped forward. Ounces gained brought forth "Ohs" and "Ahs" of approval.

At each meeting more than half the parents came with the children and all were keenly interested in the gain the children were making and in everything we had to tell them.

The following is a summary of the results of six weeks' work:

No. of children in class..... Ages 5-14	48
No. 20%-30% underweight..	9
No. 10% underweight	9
No. 10%-20% underweight..	30
Total gain, 48 children.....	1,220 ounces
Normal gain, 48 children	531 "
Average gain per child	29.7 "
No. gaining more than 5 times normal amount.....	6
No. gaining 3-5 times normal amount	13
No. gaining 2-3 times normal amount	12

No. gaining 1-2 times normal amount	10
No. gaining less than normal	8
No. showing no gain	2

The improvement in the health of the children was very evident. The eye trouble, conspicuous in the beginning, began to disappear and better color and brighter eyes told of healthier, happier children.

The "Silver Lining"

BY MERLIN WILKIN, R. N.

Lake County (S. D.) Community and School Nurse Association

ONE reads many interesting papers and letters in the nursing journals, but too often when the story is written from rural districts it includes a strong strain of the depressing side of the work. I liked the article on "Laugh and the World Laughs with You" in the October PUBLIC HEALTH NURSE, and want to contribute an account of one day's journey that holds many of the unpleasant things, yet is chock full of real pleasure.

One cold rainy morning in the early spring I started to visit country schools. The taxi driver was late, so we were behind time to start with. The first school was ten miles out, and when we got there, I found a good sized river all around the school grounds. It was necessary to walk a plank to get across, then to splash through the water to the school house. Here 9 smiling children were so glad to see me that I forgot all about the cold and wet. After spending an hour there, I left nine little friends in that school with the promise to attend their picnic at the close of the school year.

We drove on about three miles and when in sight of the next school our "Lizzy" stuck fast, so I climbed out over the radiator, jumped clear of the mud, and walked on up to the school. During my visit in the school the driver dug the machine out. The school was typical of one-roomed country schools on a rainy day, but there were twenty bright children ready and anxious to listen to the nurse. They were much interested in the physical examination, and the smiles in that school far outweighed the mud that stuck the machine.

The next drive included lunch hour, and we stopped under some trees in the rain and ate, not a cold lunch, but some hot coffee and hot meat and potatoes from my basket. Then we drove about five miles to another school with about thirty pupils. This was the best of all in my six years' experience. I never felt as much appreciated by school children as in that school. It took until 4:30 to finish the work, yet they all stayed gladly and we started away with a promise to at-

tend *their* picnic. The pleasure with which these children received the nurse made her forget all her troubles and smile from the very bottom of her heart. When we started home we took 3 little girls part way with us, but again we stuck in the mud. The little girls and I sat on a fence stake to pry the machine out of the mud, and after much work and a whole lot of laughing, we started on and had to drive two miles out of our way to take the children home. But their pleasant smiles and good wishes were worth any trouble.

I got back at 6:00 p. m. with a headache and a happy feeling that it had been one of the best and most useful days I had ever spent. In rural nursing the "silver lining" is always present and often makes up most of the work.

Annual Meeting of the American Public Health Association

BY KATHERINE M. OLMSTED, R. N.

Extension Secretary, National Organization for Public Health Nursing

THE American Public Health Association held its annual meeting, October 26 to 30, in New Orleans, Dr. Frankel, the president, presiding.

General Public Health Administration

The lack of a centralized office to guide the work in public health throughout the nation was branded by Dr. Frankel as the greatest obstruction with which the American Public Health Association is confronted in its efforts to produce maximum results in public health matters. He insisted that with responsibility vested in numerous totally unrelated departments, intolerable duplication, over-lapping and waste result.

Dr. Frankel urged making provision for the appointment of a special standing committee to study the subject of health insurance in its more medical phase. He recommended that doctors and public health men give more attention to consideration of the problem of health insurance.

The association has more than doubled its membership within the last year, reported Dr. Frankel. In its previous forty-six years' history the membership had reached only the 2,300 mark, until within the last year, during which its membership almost reached 5,000. For the first time in its history there is a surplus of finances. Prospects were never brighter, and the association is upon the dawn of an era of unprecedented activity.

A paper entitled "A Supreme National Need: Coördination and Enlargement of Federal Health Activ-

ities," by W. S. Rankin, M. D., Secretary, State Board of Health, Raleigh, N. C., pointed out the fact that some form of public health work was being done by at least four governmental agencies and suggested as a policy of economy and efficiency that some effort be made whereby a congressional commission would be appointed to study the situation in order that all health activities could be coördinated and made to operate under one head. Whether this should be a Department with a cabinet representation, or a Commission, or a Bureau, placed under an already existing department, he was not prepared to say.

Dr. B. S. Warren, Assistant Surgeon General, U. S. Public Health Service, gave a very complete and comprehensive history and background of the service and outlined a plan for what might be a commission of Health or a Department of Health. Dr. Warren pointed out that the U. S. Public Health Service was the oldest governmental agency in the United States, dating its origin from Act of Congress 1780; it has power to study all diseases of man, but has never had sufficient appropriations.

U. S. Health Drive Planned

A "health drive" the object of which will be to save 250,000 lives in the United States, was launched, following an address of Dr. L. L. Lumsden of the United States Public Health Service.

Dr. Lumsden said every civic and official body in the United States should begin at once to consider ways and means for the drive and suggested that it be conducted along the lines of Liberty Bond campaigns.

"Action is seldom taken by the Senate and Congress upon matters until enough public pressure is brought to bear," he said. "A health drive, nation-wide in its scope, would force action at Washington."

He said the world looks to the United States as the greatest single factor in the new era of reconstruction, but warned that the resources of America, though large, are not unlimited. The most important of resources is human power, with which this country has always been prodigal.

"The conservation of life and health should be placed on a strictly business basis," he said. "The selective service law statistics offer proof of the waste of human power in the past, when it is shown that more than 30 per cent of the men within the draft age were physically unfit for service. Much of the disease was easily preventable.

"Rural communities should be educated along health lines. In less than 2 per cent of the rural homes are the sanitary conditions reasonably good in the most essential respects. Hookworm, maleria, typhoid fever, dysentary and tuberculosis are alarmingly prevalent in rural communities.

Handshake Upheld

All of the thirteen resolutions were passed except the one which provided for banishing the handshake to mitigate transmission of disease germs. The military salute was proposed instead. This resolution was lost after warm debate, all others passing unanimously.

Recommendation for the appointment of a "health examination week" in May were contained in one resolution. Another urged Congress to appropriate $1,000,000 for eradicative measures against plague. Resolutions commending the work of the American Anti- Malaria Association, and the United States Public Health Service for their work in fighting malaria and venereal diseases and offering the hearty coöperation of the association, were among those adopted.

A resolution insisting upon the establishment of some sort of centralized agency by the Federal Government, to direct and supervise closely the work of the various Federal, State, municipal and other public health agencies, provided for the appointment of a committee to seek the coöperation of other public health bodies to petition Congress for consideration of the proposed agency.

Declaring the success of public health work is in grave danger of collapsing because of employees leaving it for more profitable vocations, a resolution was adopted urging Congress to grant an immediate appropriation for an increase in salary of public health employees, commensurate with the increased cost of living.

San Francisco Gets 1920 Meet

Officers for the ensuing year were elected late Wednesday and San Francisco was elected as the 1920 convention city.

Dr. W. H. Rankin of Raleigh, N. C., was elected president and Dr. W. H. Robin of the New Orleans city health department, a vice president.

Rural Sanitation

The sanitary privy as a factor in Rural Public Health was discussed by L. L. Lumsden, U. S. Public Health Service, who pointed out the fact that a citizen did not meet his responsibility by the mere building of a sanitary privy but that it was also necessary for every rural citizen to develop a "privy sense" which means proper disinfection of excreta, proper cleaning of seat and floor; because it is practically impossible to build a fly proof privy. A real economic loss is sustained by not properly disinfecting dejecta, as agricultural studies have shown it is a very valuable fertilizer; and because it is impossible to build a fly proof privy it is quite necessary to make them fly traps and keep them supplied with sufficient disinfectant to kill the flies and maggots.

Influenza

In spite of almost a year's inten-

sive study, leading health authorities of the country confessed that the medical profession today virtually has no specific knowledge as to the cause of influenza, the disease itself, or the ways in which it is transmitted.

Lacking this specific knowledge, it was stated, no definite plan for the prevention of a recurrence of last year's epidemic can be laid down. As an alternative, Dr. Allen W. Freeman, Ohio State Health Commissioner, advocated efforts to prevent complications resulting from influenza, rather than to prevent recurrence of influenza itself.

The question of whether or not an outbreak may be expected this winter was not gone into deeply by any of the speakers, although several voiced the opinion that a recurrence was not unlikely, although possibly in not as severe a form as last year.

There was considerable discussion as to whether it was the same organism that caused the epidemic of La Grippe which swept the country in 1890 or whether it was a new disease which was imported from some other country, notably India.

The supposition was advanced that the first cases were brought in through the Boston Port. The fact was brought out that one attack of influenza did not render a person immune; also that one reason why the husky died and the weak lived was that the physically fit attempted to work off the disease while the weaker individual went to bed as soon as symptoms appeared and was thus able to resist the infection.

It was suggested that the reported increase of negro deaths in the North as compared with the South was in all probability due to migration of large numbers of negroes north to work in the munition factories. A great mass of statistical matter was reported and it was generally said that every Health Department needed strengthening and better financing, that there was and there is lamentable dearth of trained personnel to combat any epidemic comparable with that of the Influenza epidemic. Likewise the bed capacity and quarantine facilities of the entire country was and is at present absolutely inadequate to cope with a like situation.

The epidemic brought out the fact that there is a reasonable prevention, in the education of the public to appreciate that isolation upon the first appearance of influenza — namely coughing and sneezing—is essential.

Dr. L. I. Dublin, Ph. D., Statistician, Metropolitan Life Insurance Company, New York City, gave statistics showing a decrease in mortality toward the end of the epidemic, resulting from precautions taken to reserve their strength by individuals who found themselves becoming ill. Also a study of the mortality during the six months following the epidemic

showed that the mortality was decidedly lower; a study of these figures disclosed the fact that many advanced cases of tuberculosis, hit by the influenza, died quickly, increasing the mortality at that time. Dr. Dublin pointed out that the effect of influenza was immediate and has had no effect in later mortality.

A paper entitled: "What Medical Examination of Influenza Patients Has Shown in Framingham, Massachusetts," by D. B. Armstrong, M. D., Executive Officer, Community Demonstration, Framingham, Mass.," was particularly interesting, because out of about 1200 positive cases of influenza listed, about 800 were examined both before and after having influenza.

Dr. Armstrong stated that:

1. No gross increase in tuberculosis was discovered following the influenza.

2. A slight increase in the number of advanced cases of tuberculosis showed that there had been a speeding up of clinical process in the chests of persons already having tuberculosis.

3. That while there was an increase in the tuberculosis mortality during the epidemic, caused by the excessive number of deaths of advanced active cases, no future increase in mortality is expected.

4. That a relatively small number of arrested cases had the influenza and these usually recovered satisfactorily.

5. That symptoms left behind the epidemic were:

(a). Some respiratory signs which are not tubercular and tend to clear up.

(b). Increase in cardiac cases.

(c). Only a very slight increase in active tuberculosis cases.

(d). No increase in mortality.

(e). Consumption or other chronic respiratory diseases give a relative degree of immunity from influenza.

Venereal Diseases

W. F. Snow, Colonel, United States Army, Washington, D. C., in his report on venereal disease work said that the most prominent dangers in the control of venereal diseases were:

1. The untreated cases, including cases not found, not properly diagnosed, self treatment cases.

2. The uncured cases, uncured because of lack of proper diagnosis and continuous treatment.

Dr. Snow urged more intensive follow-up work.

A paper entitled: "Venereal Disease Control: Methods, Obstacles and Results," by C. C. Pierce, Assistant Surgeon General, U. S. Public Health Service, Washington, D. C., set forth that the need for follow-up work was discovered as one of the prime essentials and that the U. S. Public Health Service, with the help of the American Red Cross, were training, as a demonstration, a group of Public Health Nurses for this important work.

Dr. Snow's report contained figures of the incidence of venereal diseases in the fighting forces. These figures are contained in the reports of the Surgeon General of the Army and the Navy, and the Provost Marshal General. They show incidence of disease of men in first and third draft, both at appearance at camp and after being installed in camp. Very significant is the fact that only one-fifth of venereal disease in the army was contracted after the men entered camp, due to the efficiency of the "American plan."

Dr. Pierce in discussing methods, obstacles and results of the first years of the Division of Venereal Diseases brought out the fact of the lack of education and appreciation on the part of the medical profession that Gonorrhea and Syphilis are dangerous communicable diseases, readily transmissible from person to person; the mere economic damage of this disease is far in excess of that caused by any other known communicable disease.

The campaign for reporting these diseases is bearing fruit, and in 44 states veneral diseases are now being reported as dangerous diseases.

Dr. Pierce also stated that the U. S. Public Health Service and most of the State departments of health disapprove of self-administered venereal disease prophylaxis.

Dr. Martin, State Department of Health of Pennsylvania, stated that, as part of the venereal disease program of Pennsylvania, they had provided and were advocating the sale of prophylactic packets for 25c each. This met the disapproval of almost the entire section.

Dr. Freeman, of Ohio State Board of Health, outlined a very excellent program his State has for control of venereal diseases.

The sentiment of the section was that the fight against venereal disease should be continued.

Child Hygiene

The paper, "The Respective Functions of State Departments of Health and Education in School Hygiene," by W. S. Small, M. D. Specialist in School Hygiene, Federal Department of Education, Washington, D. C., raised much lively discussion.

Dr. Small said that while Health and Education authorities fought over the child, its bones would be broken or the child would perish. He made a plea for patience, tolerance and a willingness to watch the experiments in various States now under way. He urged disputants to keep institutional ambition in the background, to first find out the functions of both the Health Departments and Educational Bureaus and then carefully survey the "Twilight Zone," which is the result of their close penetration. No definite line can be drawn between the functions of these two

agencies and neither can progress far in any constructive program without entering the field of the other.

Dr. Small stated that at least forty States had enacted some legislation touching school hygiene, either through Health or Educational activities, and strongly urged a study of results in the various States. Dr. Small thought physical education a better term than school hygiene.

Dr. Ruhland of Milwaukee, Wisconsin, and Dr. Benz of Pittsburg were both strongly in favor of a dual system of coöperation.

Julius Levy, M. D., Director, Division of Child Hygiene, Newark, N. J., stated that Departments of Education could not attempt to protect the health of the child in the home, city and school and that the health of the child was largely determined by the environment, milk and water supply, etc., which were the responsibilties of the health officials.

Only a Health Department efficiently conducted could ever protect the child, because it is impossible to protect one group without protecting the entire community.

Dr. Levy pointed out the inefficiency of starting with the child in school, emphasizing the need of starting child welfare work before the birth of the child.

Dr. C. W. East, Chief of Division of Child Hygiene, Illinois State Health Department, emphatically stated that the greatest weakness in child hygiene carried on by educational agencies was the very obvious and, in some States, appalling number of teachers and school officials opposing all health work because of scientific and religious beliefs and that there was active, alert opposition by many of the teaching profession.

The sense of the meeting was that at present strong coöperation between health and educational departments was essential and that no definite line could be drawn between the functions of these agencies.

Dr. H. O. Jones, Assistant Chief, Bureau of Medical Inspection, Department of Health, Chicago, Illinois, in a very excellent paper, urged the need of standardization of school hygiene, and a committee was appointed to study each of the following subjects and report at the next meeting. These reports to be formulated into a complete standard of school of hygiene, to be referred to the American Public Health Association for approval and adoption.

1. Committee on Standardization of Legislation.
2. Committee on standards for examination and procedures.
3. Committee on standards of equipment records, recording and nomenclature.
4. Standards of qualifications and duties of health officers, nurses and dentists.
5. Standards of corrective agencies.

6. Standards of phrophylactic work.

7. Standards for educational propaganda for teachers and children.

8. Standards of engineering.

Dr. Grace Whitford, Director of Bureau of Child Welfare of Florida State Board of Health, read a forceful paper on School Hygiene for Rural Communities, urging a national program for rural school hygiene which could be generally and simply followed.

Dr. Whitford emphasized that any constructive health program for rural schools must start with the parents and result in their feeling that they are active participants, real principals in any hygiene work introduced. This can be accomplished by a sufficient nursing force for family visiting and follow-up work; this will give a county the greatest interest on the least invested capital of any type of public health work.

Dr. Whitford made a strong plea for more rural recreation work, better school buildings and equipment and hot lunches for rural school children.

It was interesting to hear that 33 State Departments of Health now have Bureaus of Child Hygiene, though not all these are carrying on active work. North Carolina had an especially interesting report of tonsil and adenoid operating bees held in 34 counties, and full time dental clinics either planned or in operation in five county seats, with dentists supplied by the State Board and equipment furnished by the Red Cross and the International Health Board. Nine dentists are in the field in summer, holding travelling clinics among the rural school children, and the hope is that every high school will eventually have its dental clinic, for all children between six and twelve.

Industrial Hygiene

At a session of the Industrial Hygiene section, an important fact was pointed out, namely that a living wage, one at which health can be maintained, differs decidedly with the nationality of the family, some racial stocks seeming to be able to thrive with less in the way of favorable environment and food than others. For instance, an Irish family has to have more money per capita to stay well then an Italian family. Another point stressed was, that a living wage must of necessity provide for saving for the future, 10 per cent being the amount suggested as the minimum. Beside good physical environment, essential living materials and professional care, certain anti-stress factors, such as reasonable hours or character of work, are also necessary.

At another session of this same section, the necessity of a good diagnostic clinic was emphasized. The speaker was a plant physician in a big corporation and cited the case of four men who had come to the office complaining of ill health induced by their occupations. After

a thorough physical examination, including laboratory tests and X-Ray, two cases proved to be due to lues and two to abscessed gums, which, while they ruled the cases out from receiving compensation for occupational disease, did a real service to the patients also in pointing out the condition needing treatment, after which their working efficiency in the plant would be raised. Considerable mention was made of Labor's distrust of physical examination, and its demand, among the twelve demands preceding the steel strike, that such examination be abolished. The speakers agreed that such examinations, when made, should be used only for the benefit of the employees, and not as a means of excluding workers, undesirable for physical or other reasons, from working in the plant. One industrial physician stated that workers were given a thorough examination before they were engaged, but everyone knew they were refused admission only on the ground of communicable disease. All other findings were told to the prospective employee, with a view to his getting treatment and increasing his own effectiveness, if he so desired. Even men with heart lesions and other handicaps were taken on, but were placed in positions where the strains were not great, but suited to the man's individual ability.

Vital Statistics

The necessity of bringing about a more complete registration of births and deaths in the United States was pressed at Monday afternoon's meeting of the section on vital statistics.

Health officers from various cities told of different methods adopted to encourage greater registration. One plan which aroused no little interest was that tried out sucessfully in Spokane. The health department there offered fifty cents to any boy who would bring in information regarding any child whose birth had not been registered. The doctor that attended the mother would then be called in and offered the alternative of paying the boy who reported the case fifty cents or facing prosecution. Of course they always paid the fifty cents.

Real progress is being made throughout the United States in the reduction of infant mortality by properly educating the public up to proper methods of treatment of infants, according to the report of William H. Davis, chief statistician, Census Bureau, Washington, D. C. From 1910 to 1917 infant deaths have been reduced from 126 to 89 per 1,000, he said.

"But the startling infant mortality of America is such yet as to constitute our greatest disgrace in public health matters, even outrivalling the typhoid mortality rate," he added.

Dr. C. St. Clair Drake, director of the Illinois State Department of

Health, speaking on "Popularizing Vital Statistics," showed that the best results in obtaining funds for the work could be obtained by "showing the public that as an economic proposition it pays to live." "People do not yet realize" he said, "that the protection of their health is as important as the work of their firemen and policemen."

Dr. Drake said that to save lives we must popularize statistics so that "He who runs may read," and that statistics should be administered attractively prepared and in small doses for local conditions.

Eighty-four Years Old and Still a Midwife

BY FLORENCE SWIFT WRIGHT, R. N.

Supervisor of Midwives, Bureau of Child Hygiene, N. J. State Department of Health

THE earliest record of a midwife found to date in New Jersey is in the register of Hudson County, and records that a German midwifery diploma was recorded there in 1848. Here and there other midwives registered their diplomas before the first midwifery law was passed in 1892.

New Jersey is now faced with the problem of dealing humanely with a number of feeble old women whose condition is such that the practice of midwifery by them is a grave menace to mothers and babies. As the present law makes no provision for the revocation of license for physical disability, no consistent policy for dealing with these women is possible.*

However, progress is possible, as three of the following stories will show.

Instead of Legal Action

Mrs. M.'s eyes are failing, her hands shake and they have lost their sensitive touch. Three babies died because Mrs. M.'s knot slipped and the cord bled. This was all proved by sworn affidavits from mothers, fathers, witnesses and physicians. Mrs. M. was advised to surrender her license. She hesitated, but her children joined their persuasions, and now her license and a sworn promise to take no more cases are on file at the State House.

Mrs. M. has had a good reputation and has brought up a large family by her own efforts. Her children had tried for years to coax her to let them assume all the family cares. The sons and daughters were very grateful to the Department of Health for helping to

*For an account of the supervision of midwives by the New Jersey State Department of Health, which has been based on the successful experience of the Bureau of Child Hygiene of the Newark City Department of Health, under Dr. Julius Levy, see June and July numbers of THE PUBLIC HEALTH NURSE.

bring about what they had so long desired.

A New England Gentlewoman

Mrs. N. comes from one of our oldest immigrant families. Her ancestry goes back to a very early governor of Massachusetts, to a noted divine and to a former mayor of a large city. She is eighty-four years old, feeble, tottering, and in need of loving care herself; but mentally alert and still anxious to work.

A turn of the wheel of our republic has brought her near to poverty. She has always responded to the call of neighbor women and, since many years before 1892 when she was licensed under the waiver, she has earned her living as a midwife. She has attended several confinements during the past year and was engaged for another case at the time she was visited.

New methods were explained to her and she seemed to understand that she was not qualified as a modern midwife. She told of mothers having fever and breast abcesses, and of babies' sore eyes.

Mrs. N. was persuaded to give up her license and she will take no more cases. A small legacy will make it possible for her to enter an old ladies' home.

"Babka"

Babka means Grannie. She is nearly seventy. Her eyesight is good, she is strong and active and is greatly loved by her patients. On an average, she cares for about twelve deliveries a month. She had no idea of surgical cleanliness and was made to understand her deficiencies. Babka positively refused to give up her license. "Why should I? You show me. I learn."

So we showed Babka. A supervisor spent some time with her, making calls and helping Babka to do her work. She frankly told her patients that the Department of Health had sent some one to teach her new and better ways. The supervisor reports a real improvement in Babka's work. Lives may have been saved by teaching one woman to be clean in her work, to be prompt in sending for a doctor at the first sign of trouble, and by getting the coöperation of neighboring doctors in responding to a midwife's call for help.

Never Learned to be Idle

Mrs. O. is past seventy, short of breath, oedematous, a sick woman. She owns her home and has means besides, all of which she has earned by the practice of her profession. She has delivered over five thousand babies. She knows nothing of surgical cleanliness. Her nails seem never to have been cut. She carries twine and a pair of shears in her apron pocket. She never heard of silver nitrate. She has a brew of herbs for fever.

Mrs. O. will not give up her work and some of her neighbors still send for her because she will go for a few dollars and the good

midwives charge ten. Fortunately she averages only about one or two deliveries a month.

Thought of Mrs. O.'s finger nails does not tend to make one sleep at night if one happens to love babies, and believes that each baby ought to be able to keep his mother to nourish him, even if that is all she can do for him. Of course we do not wish harm to Mrs. O., but we cannot help hoping that she will get just so sick that she cannot possibly leave her house.

Why does not some one work for a law to retire and pension superannuated midwives and nurses.

A Heart-Talk With Industrial Nurses

BY MARY AGNES MEYERS, R. N.

Industrial Sanitary Inspector, Department of Health, City of New York

IN the City of Paris I am told there are five hundred hairdressers and five good ones, and from a study of sanitation in industry and industrial nursing, I am made to wonder how many of the two thousand nurses engaged in industry in the United States would be credited with 100 per cent, like the five good hairdressers.

With the opportunities open to industrial nurses, we all are more or less familiar. No longer is her work limited to the first aid room; she is surrounded by numerous avenues in which she can make good. Her duties have little or no supervision and, in the majority of cases, it is left to her imagination or initiation to work out her own success or failure.

In making inspections from day to day in the factories of a large city, permit me to repeat some of the failures and some of the successes I have met, for as the growth and development of industrial nursing rests chiefly with those already in the field, it is by the improvement of our errors and the publicity of our successes that we are to open the doors of industry to the many qualified nurses who are kept waiting outside because some of us have failed.

In visiting a hospital, the stranger is at first impressed by the neat, trim uniform of the nurse. She stands aloof as the most conspicuous figure in the picture—the condition of the ward forming only a background. So, too, in the factory, the appearance of the nurse is of paramount importance in winning the confidence and coöperation of the employers and employees. Whether the uniform be one of the visiting nurse or public health worker, or the regulation white linen of the institution, let it be complete, as so many do not wear a full uniform—the cap is often missing, the lacey lingerie waist replaces the strictly tailored

one of white linen; ear rings are as common as the pumps with high French heels and bright buckles, and this makes it doubly embarrassing when the sanitary inspector is advising a group of women employees, and in one of her "Health Talks" she treats of industrial fatigue, emphasizing the need of avoiding high heels in factory duty, especially when standing for any length is required.

Can you picture a candy factory, where all the women employees are obliged to wear caps, and where the graduate nurse, who is entitled to her school cap by her training and the diploma she holds, is the one woman made conspicuous by its absence?

Modesty of dress is impressed upon the women employees, the management many times requesting it, as such extremes have been adopted; and as this subject is brought up, the nurse comes before the speaker with her lingerie waist so sheer that every scallop and French knot in her embroidered corset cover can be readily counted. Yet if on duty in a hospital this garb would not be tolerated by the Superintendent of Nurses. It really is only done through thoughtlessness; in fact, all of these transgressions are oversights —the nurse is not being checked up in such matters—she forgets, we all do. The original cap is worn out and never replaced; the jewelry was a part of the out-door attire and the nurse has forgotten to remove it; the waist no doubt was worn at dinner the night before, and to score in economy, another day's wear is being gotten out of it; the fancy pumps are to be worn that evening and putting them on in the morning will save time later; yet all these detract to a marked degree from the nurse's general appearance.

At many of the smaller industries where but a hundred or two are engaged, the nurse often tells the inspector how heavily time drags on her hands; after her "round" through the factory and then the doctor's visit there is practically nothing for her to do but sit in the first aid room awaiting calls. She never talks to groups of women on the problems of sex hygiene and venereal disease, on cancer and its growing frequency, and tuberculosis and its dangers to others. She never outlines posters on such subjects to be placed in parts of the factory most frequented by the women and also the men, and where these posters and the message they bear will reach home. Following the nurse's suggestion, many times a plant manager would have little notes of a few lines on such subjects printed and put into the pay envelope, a method which from personal experience I have found most satisfactory. Various departments of health, and private health societies, publish quantities of literature and are willing to distribute or send samples of the same

to factories where it is desired, the Department of Health of New York City being most generous in this matter.

As a Sanitary Inspector going into so many factories where there is no nurse, I find the women employees of very filthy habits. The toilets, though cleaned daily, are always most disorderly and dirty; sanitary napkins are continually put into the toilets, although a receptacle is there supplied for them. At one place a sign over the women's toilet read, "It costs $5.00 per week to keep the women's toilet in repair and only five cents per week for the men's. Women please take notice!"; and as one manager suggested, a great amount of good might be accomplished for both employer and employees if a nurse made a daily, even weekly, visit to the factories of a neighborhood—enforcing the laws of hygiene and sanitation and encouraging and educating the employees to obey; as he said, "We might all contribute towards her salary if she made good." Perhaps some day we will have our corps of visiting industrial nurses reaching into the corners where the general Public Health Nurses' broom never gets and where the "full time industrial nurse" would be too expensive a luxury. But this "full time" nurse in her waiting moments sits leisurely by reading fiction, knitting or embroidering—of course during war time there was an excuse and a good one for the knitting. But today, when we meet major violations of the Sanitary Code and Labor Laws of the State, and the nurse is knitting a pink sweater or reading a moving picture magazine, one understands why so many nurses are waiting outside the gates of the factory while her duties are being performed by an attendant or forewoman.

It would be very easy to bring to the nurse's desk a copy of the Labor Law—the Industrial Code—the Sanitary Code—the Workmen's Compensation Act; these can be procured through the Industrial Departments at the State Capitol. Most managers have such literature on the premises. The articles which bear on the particular industry the nurse will find most interesting, and she will readily see the necessity of familiarizing herself with the same, so that she may recognize and correct a violation before a Sanitary Inspector does it, and so save the manager the embarrassment of having a violation placed on his plant, when he considered all was covered and errors would be corrected by engaging a resident nurse who would prevent illness and accident, as well as treat the same.

Let me illustrate this by narrating an error found in one factory. The law demands seats, with backs when practicable, for all women employees. In making an inspection I found about fifty women,

candy packers and chocolate dippers, standing all day, working a forty-eight hour week. In going into particulars, I was informed stools were supplied but the women did not care to use them, they preferred to stand—as they could then work faster. The stools supplied were all packed away in the corner of the work room, one on top of another, reaching nearly to the ceiling. Having one stool brought down for my examination, I found it measured three feet and the tables at which the women worked were three feet, six inches; the law was covered by having stools, yet no woman could sit and work in such a strained position—and so she stood; the nurse thought she stood from choice. On having the matter brought to his notice the manager purchased chairs with backs, at the right height. To make him see the importance of this requirement, we looked over the day's work of these women and found that during the last three hours one-third less was accomplished than in the first three—and that the women lost from one to three days per month on sick leave. The expense of the new chairs will more than cover the loss. Many of these women employees were elderly—from forty to fifty—almost all wore wedding rings—almost all were foreigners—they had borne large families and were now standing all day. In asking the nurse for the number of cases of uterine prolapsis among these women, she vaguely answered me that they only came to her for colds or minor injuries; she knew nothing of their general physical condition. This was not intentional neglect on her part—she was doing her duty and doing it faithfully as far as she could see it. She honestly told me how easy her position was—she had worn herself out through years of tedious private nursing, day and night work; now the management of the plant were so considerate—they never interfered, but left her entirely alone to plan her work as she found best. This was all most desirable, but the nurse had no supervision and was often in a quandary where to go and to whom to go for advice and suggestions regarding the up-keep of her work. She might communicate with the Superintendent of her Training School, but as she too had had no experience in this line the nurse was at sea, and so we talked over this burning question without coming to any conclusion. It was a question of intense personal interest to me, as once a similar situation was unfortunately mine.

On visiting one plant and seeing the first aid room, charming in its whiteness and nickel trimmings, it was very unpleasant, when asking the manager for the nurse, to be told she did not make good. Her duties being light—(I am sure a large portion lay undeveloped) some other work, outside regular nursing routine, had been sug-

gested, such as clerical work in the employment department, management of the lunch room or general supervising of it; the nurse took exception to this, regarding any duties outside direct nursing as being lowering to her professional standing; and so now some secretary holding a Red Cross Home Nursing Diploma has taken up the duties and calls herself the Factory Welfare Worker. One would hardly credit that in a city like New York a nurse would be so short-sighted as to sacrifice such golden chances to advance the interest of industrial nursing.

In this same neighborhood stands another factory where the nurse who organized the work over four years ago has merited the most praiseworthy comments from the members of the firm, as the senior partner informed me that the factory "turn-over" had conspicuously decreased, the output was increased and of better quality, less time was lost by sickness than before the advent of the nurse; and in her spare moments Miss X had learned three languages, also arranging her duties to do some service in the employees' homes. He concluded by saying "Miss X will be with us as long as she desires and when she wishes to retire, we plan to pension her handsomely."

It seems a habit with our nurses to give out drugs at large without investigating the *cause* or condition of the patient—only aiming to treat the *effect*. My attention was first drawn to this when purchasing supplies for an Emergency Hospital I was organizing. The dealer suggested a quantity of migraine tablets, stating a certain department store used 1,000 per month. On investigating methods in the same department store, I found the girls received two migraine tablets for every headache, irrespective of the cause, which might be eye strain, bad ventilation, hysteria or gastro-intestinal disorders. From personal experience as an industrial nurse I would prefer to face results from suturing a wound than from serving coal tar products indiscriminately. I recall the unpleasant experience of a Police Officer who came to the First Aid Hospital for relief from a very severe headache. One of my nurses, Mr. X., gave him a migraine tablet and a second one to repeat in an hour's time if the first did not bring relief. A short while after the second dose, the man fell in a stupor, was brought to the hospital on a stretcher and was seriously ill for a few days. He had had a blood pressure of 200 and the depressant effect of the acetanelid played the trick.*

We all make mistakes of numerous varieties and degrees, but we rarely see our own errors and it often takes a friend or some one

*We regret that Miss Meyers should find industrial nurses giving out drugs of the character intimated. We believe that it is very unusual for a well-trained nurse

authorized to point them out, but the lone industrial nurse (of course in some places where thousands are employed there exists the great advantage of having a chief nurse and her assistants), unlike the Public Health Nurse and the institutional nurse, in the big majority of factories has no supervision—no helpful suggestions which she could so readily follow out—she does not reap the benefits from coöperation and association with other nurses doing the same line of work—she is often obliged to live alone, while the other two groups mentioned live in settlements or institutions, benefiting by the society of their companions. All is not easy for her. She has many difficulties to surmount, many unreasonable persons to please, not in sympathy with her cause. She must not gossip. She must not overlook the interests of the employer when promoting the comforts of the employee. She must ever and always aim to keep peace and take strenuous steps to avoid being regarded as a disturber (a complaint often made to me by managers, and we recall the truth of it from our hospital days when one nurse could upset the management and serenity of a whole ward—imagine her type in a factory where she is given full rein!). Petty jealousies exist and many times the nurse's best efforts and methods are misrepresented and misunderstood.

Some day, perhaps, a few of us may meet, and over the tea cups, compare notes and profit by one another's individual experiences, relating how we bridged across our difficulties, how we developed new lines of activity and corrected by constant vigilance the mistakes of long standing, for the keys are in our hands, in yours and in mine. Our sister nurses are waiting outside the many factory gates in our country, where the graduate nurse has not yet entered, full of zeal and inspiration to labor in one of the most useful and interesting branches of Public Health Service—such, perhaps, because it is one of the newest. Shall we open and bid them enter and wish them Godspeed, or keep the gate barred by our transgressions? This mighty privilege rests with you and with me. Let us reach out across the distances which separate us and join hands in the clasp of moral support and coöperation, pledged to stand by one another in the day of sunshine and of storm—to get-together and to "carry on".

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to give out any but the simplest remedies, such as ginger, etc., except, of course, under the orders of a physician; and we cannot help feeling that the kind of case referred to would only occur if the training of the nurse in question had been of an inferior character. The danger is so real, and so great, however, that it is well to have attention called to it.

The Industrial Nurse and the National Organization for Public Health Nursing

EDITOR'S NOTE: The following is a part of the ground covered in a talk with the Public Health and Industrial Public Health Nurses of Connecticut at their regular meeting in Hartford, Oct. 23, 1919.

ALL industrial nursing *should* be public health nursing, whether the industrial nurse is a first aid or visiting nurse, employment or service manager, or what not, because a nurse always, wherever she is or whatever she is doing, has continual opportunities to promote public health by health education; by real education, which is so instructing that people change their habits and practice what they have been taught.

Industrial nursing *may* be each and every kind of public health nursing, from first aid and bedside care in the homes, to industrial and community sanitation. In a small town the industrial nurse is sometimes the only health worker, and she sees personal duties in the need of prenatal care, and child hygiene, school nursing and the care of sufferers from tuberculosis. There is no branch of public health nursing which may not be practiced by some industrial nurse somewhere.

I see so plainly the need in industry for *the trained industrial Public Health Nurse,* and the need of the industrial nurse for special training, for high and uniform standards of work, and for the help and inspiration that can only be obtained through organization. Perhaps I see these things so clearly because I blundered my own way so painfully into industry, and through sad mistakes and much wasted effort came to a vision of the rich field for service there, came to a realization that a hospital training and a training school superintendent's experience, while a good foundation, were *only* a foundation for the work of the industrial nurse—came at last, slowly and with much difficulty, to some little measure of self- preparation.

And then came the National Organization for Public Health Nursing, with possibly, little thought, on the part of its founders, for industrial nursing as a part of the public health nursing program, but with a vision of *better health for all* through nursing service!

I shall never forget my first talk with Miss Crandall; her ready understanding of my problems, her quick grasp of difficulties, and the sound common sense of her counsel. Needless to say I joined the N. O. P. H. N. that day, overjoyed to escape, at last, the feeling of

working alone and sometimes in the dark.

In those days, before the great war, few Public Health Nurses had had public health training, and any sort of specialized industrial training was an unheard of thing. Industrial nurses were being employed in increasing numbers, but they seldom knew one another; there was no uniformity of method or results and each nurse was a free lance and a pioneer. I am sure the only reason many of us "got by," with our ignorance of industry, was that our employers seldom had much idea of what to expect of us. Of course we must have done *some* good work or industrial nursing would not have grown to its present proportions.

With growing industrial unrest the time of the self-trained pioneer industrial nurse is passing. Industry cannot afford to let her slowly fumble her way toward efficiency. She must show good reasons for her presence in industry and she must show them promptly.

It is not yet possible for each industrial nurse to have a special training before she takes a position, but new courses and scholarships may soon make this a very possible ideal.

Nurses now in industry must awake to the fact that they may soon find themselves in competition with specially prepared women. They already compete with forewomen, trained attendants, graduates of Red Cross courses, practical nurses, and handy men. Many of these amateurs are getting results because they know or study industry, and because they have *not* been to any *finishing* school and so they are still able to learn, and because their imaginations not being asleep, they find ways to keep busy and useful.

On the other hand, more than one industrial nurse has told me she did not have enough to do, that there was not enough interest in her work. Can you imagine a nurse in that state of mind being indispensable to any industry? But a nurse has such a natural approach to the worker, it is so easy for her to help, and her welcome is so *surely* ready for her, that she only needs to meet it.

It is to the interest of each industrial nurse that all industrial nurses make good. All may be judged by the deeds of any one. No one wants to stand still and no industrial nurse will be able to stand still. New methods must be developed to meet new conditions. The industrial nurse must abandon the idea that she was fully educated when she left the training school. Her training, her special preparation, must continue daily.

This necessary growth can only be accomplished by reading, and study, and by the inspiration of contact with others doing similar work.

The National Organization for Public Health Nursing is ready to fill these needs. Its library is at

the service of members. The librarian ,Miss Bradley, is always glad to give help and advice as to reading matter. The various secretaries, with their wide acqaintances, are in a position to see all sides of all our problems, and they are glad to give advice by letter or conference. THE PUBLIC HEALTH NURSE, the official magazine of the organization, provides the news and its pages are open for interesting and useful articles and discussions. The Organization also maintains, for use of its members, an informal Occupational Bureau.

The local and state organizations offer frequent opportunities for mutual improvement, and with the help of the National Organization can eventually develop standards for industrial nursing, the observation of which will make industrial nursing, by specially trained Public Health Nurses, a kind of service desired by every employer and employee.

The Committee on Industrial Nursing of the National Organization is now working for the formation of a special section for industrial nurses which will probably be organized at the National Meeting next April in Atlanta.

Industrial nurses should make every effort to attend this meeting and should be ready to do each her share toward making the services of all industrial nurses of increasing value.

Activities of the National Organization

NEW YORK OFFICE

Ella Phillips Crandall, Ex. Sec'y.

October was a specially busy month at National Headquarters. Four staff members attended part of the sessions of the N. Y. State Organization for Public Health Nursing held in Brooklyn and participated in the discussions. The Executive Secretary was unavoidably prevented from keeping her own appointments to address the convention.

Misses Fox, Lent, Haasis and Crandall were appointed to represent the Executive Committtee at the conference of the National Social Unit Organization in Cincinnati, Oct. 23rd to 25th inclusive, where several hundred people assembled to hear reports from eleven national evaluators of the Unit's three-year experiment. In the absence of Miss Beard, Miss Crandall presided at the session on nursing. Miss Crandall also attended and spoke at a special dinner given to about 100 prominent New York citizens by the Social Unit Executive Council.

The Executive Secretary attended two sessions of the annual conference of the North Atlantic Division of the National Tuberculosis Association and spoke on the general subject of "The Coördination of Public and Private Agencies" as it applied to nursing. In preparation for this talk an inquiry was sent to twelve or fifteen state and municipal supervising nurses. Their replies were so illuminating that they have already served others than the Executive Secretary and will later be sent to the magazine for publication.

The Executive Secretary spoke on the subject of Training and Employment of Trained Attendants from the Standpoint of Public Health Nursing, at a special session of the New York City League of Nursing Education.

Still more important than the foregoing was the two-day meeting of our own Board of Directors, which was attended by nine members and two guests, Misses M. Josephine Smith and Elizabeth Fox. The 1920 program and budget was presented in sections by the various secretaries, whose arguments for the extension of all activities of the Organization were so convincing as to secure a unanimous and enthusiastic vote of endorsement from the Directors. One evening was devoted to a joint

meeting of the Directors of the three National Associations, at which the 1920 convention program, the memorial to our sister nurses who died in service, and the proposed establishment of joint National Headquarters were the chief subjects of discussion. The Executive Secretary attended, as a member, the meeting of the American Nurses Association Directorate.

Important conferences were held with the following persons:

Miss Beard and Mrs. Bolton.

Misses Goldmark and Strong regarding their study of the system of Nursing Education in its relation to Public Health Nursing.

Miss Gardner and Dr. Wm. Chas. White regarding the nursing service of the Red Cross Italian Mission.

Miss Anne Doyle and Mrs. Laurie Jean Reid regarding nursing activities of their respective Divisions of the U. S. Public Health Service.

Mrs. Helen Hoy Greeley concerning military rank for nurses.

Mr. Wilbur C. Phillips concerning methods of interesting nurses in general and Public Health Nurses in particular in the work of the Social Unit experiment.

Misses Effie J. Taylor and Katherine DeWitt regarding the 1920 program.

Miss Sallie Lucas Jean regarding ways and means of coördinating the work of the National Child Health Organization and our own.

Mr. and Mrs. E. G. Routzahn, of the Russell Sage Foundation, in regard to our coöperation in a most valuable and timely study of methods of publicity used by social welfare agencies.

Miss Mary Marshall, Director of Nursing, National Anti-Tuberculosis Association, concerning mutual problems.

Miss Jane Elizabeth Hitchcock, Chief, Division of Public Health Nursing, A. R. C., Bureau of Advice and Information, concerning a plan to secure the preparation of a series of simple lectures on public health nursing and to have them presented to senior students of all accredited Training Schools by public health nurse readers. Miss Hitchcock and Miss Crandall represent a special committee of the joint National Committee, and that Committee and this Organization will coöperate in carrying out this urgently needed piece of work.

Mr. Homer Folks, General Director, N. Y. State Charities Aid Association, concerning the question of general and specialized public health nursing, especially as it relates to tuberculosis work.

Miss Elizabeth Stringer, Superintendent, Brooklyn Visiting Nurse Association, regarding matters pertaining to her own Association.

Miss Frances Janney, regarding matters pertaining to her own Association.

Perhaps the two occurrences of the month most impressive to members of the official and executive staffs of the Organization are the return of Miss Lent, Associate Secretary, after more than two years absence, the last six months having been spent in the Orient: and the resignation of Miss Beard as President of the National Organization. It was understood when Miss Beard accepted re-nomination for a second term of service that, if circumstances within the National Organization permitted and obligations to the Boston Association made such action imperative, she would feel at lib-

erty to resign before the expiration of her service. Therefore, the members present felt they were particularly obligated to grant Miss Beard's request. Her letter of resignation and one of appreciation for her services and for the great generosity of her Board of Directors, which was prepared by a special committee and forwarded to Mrs. Codman, will be found in the editorial pages of this issue.

There were two other resignations from the Directorate, namely Mrs. Elizabeth J. Davies, Seattle, Wash., because of ill health; and Miss Elnora Thomson, who resigned to accept an executive position with the organization. Miss Elizabeth Fox was appointed to fill the former vacancy, whose return to our Board of Directors was enthusiastically welcomed by all who were present as a most fitting and necessary means of more closely coördinating the activities of the Red Cross Bureau of Public Health Nursing and this Organization. Miss Beard was appointed to fill Miss Thomson's place, both on the Directorate and on the Executive Committee. The duties and responsibilities of the presidency naturally fall upon Miss Tucker, who has been Acting President for the previous four months during Miss Beard's leave of absence. Miss Tucker has freed herself from other urgent duties in order to meet the necessities of her present office.

Miss Elnora Thomson, Director of the Course in Public Health Nursing of the Chicago School of Civics and Philanthropy, has joined the staff of the National Organization as a part-time secretary of the Middle-Western Office. Miss Thomson is best known to Public Health Nurses through her years of work with the Illinois State Committee on Mental Hygiene. She left this work just before the war to assume the directorship of the Course of Public Health Nursing of the School of Civics. Later, she was invited to join the Red Cross Italian Mission as an assistant to Miss Gardner. Upon her return, with the cordial indorsement of Miss Breckinridge, she accepted the invitation to act in her present capacity. The National Organization has much reason to congratulate itself and its friends upon this addition to its staff.

Miss Janet Geister has just accepted an appointment as Far Western Secretary of the Organization. She will enter upon her services during the latter part of November and will spend some time in the New York office before going to the Pacific Coast. Miss Geister was for some years a member of the Chicago Visiting Nurse staff and has recently resigned from the Nursing Service of the Federal Children's Bureau, where her work has been of very high order and universally appreciated by the officials of the Chil-

dren's Bureau. Again the National Organization congratulates itself on the appointment of Miss Geister.

Membership

Subscription to the PUBLIC HEALTH NURSE does not mean membership in the National Organization for Public Health Nursing. However, since July, 1918, annual membership dues have included subscription to the magazine.

If you are doing public health nursing it is quite natural that a magazine devoted exclusively to the interests of public health nursing should mean much to you. Can you really afford to be without it?

Do you know that, in addition to the magazine, membership privileges include the use of certain service bureaus?

Do you know that the Librarian is constantly collecting for your benefit books, pamphlets, and magazine reprints; that the Educational Secretary is ready to advise concerning courses in public health nursing; that the Publicity Secretary is interested in helping corporate members to educate the communities they serve; that through the Occupational Bureau you may keep in touch with the opportunities in the field of public health nursing?

Total number of members Sept. 30, 1919	3,147	
Members added in October	68	
Members withdrawn	3	
Total	65	65
		3,212

Number of applicants—173

Increase in the Various Classes of Membership

Active	61
Assoc. Nurse	4
Assoc. Corporate	3
Total	68

The superintendent of the Bureau of Social Service Department, Cook County Hospital, reports a systematic membership campaign. Each member of the staff has been asked to secure five new members. This example is heartily commended to others of our members.

Occupational Department

During the month of October, much time was given to the study of various forms and methods used by the National Organization in placing nurses, in order to plan a program for the coming year. It was felt that an unwarrantable amount of time was spent in duplication of credentials and placing agencies, and an attempt was made to get definite information with reference to this. For this purpose, nine important conferences were held with different organizations.

Talks were given in White Plains, Westchester County, Lawrence, L. I., and at the New York State Conference in Brooklyn. The White Plains meeting was especially interesting, being a successful outcome of plans to federate the seventeen nursing organizations of Westchester County, the new body being called the "Westchester County Council for Public Health Nursing." Other conferences in

White Plains were held the same day, with the County Supervising Nurse and the Executive Secretary of the Anti-Tuberculosis Association.

Two and a half days were spent in Brooklyn at the annual conference of the New York State Graduate Nurses and the New York State Public Health Nurses. All sessions were characterized by an unusual attendance of Public Health Nurses and by interest sustained to the last session.

The Occupational Secretary also represented Miss Crandall at a meeting of the New York Municipal Civil Service Commission, where the question of requirements of applicants for civil service examinations was discussed.

An invitation extended to the Secretary to address the nurses of Westchester County was, at her request, held over to a later date.

The Secretary had 70 office interviews.

Thirty new applications for positions were received from nurses, and forty-eight new requests for nurses were received from associations. Sixty-four nurses were recommended for positions during the month, and five positions were filled, these appointments being made in the States of New York, Kansas, South Dakota and Tennessee.

Educational Department

During the month of October, the Educational Secretary spent eighteen days in California, and the rest of the month between Cincinnati and New Orleans. The California visit she feels was exceedingly profitable from the point of view of getting acquainted with Public Health Nurses there, other leaders in public health work, and the University students, and in making such contact as would make them aware of the National Organization as a real force in upholding standards of both work and education in the public health nursing field.

The first three days of the month were spent at Long Beach, attending the Southwestern Tuberculosis Conference, comprising delegates from Texas, Oklahoma, Kansas, New Mexico, Arizona and California. One formal address was given, on the application of Teaching Principles to Public Health Nursing. An informal speech was also made in a session on Americanization Problems. Mrs. Haasis met leaders in public health work from all the states mentioned, and was consulted by several on special problems. Three days were spent in Los Angeles, getting acquainted with the work of the municipal staff there, reorganized several years ago by Miss Lent, and with the school nursing, under the Board of Education. The Educational Secretary attended baby and tuberculosis clinics, made a few home visits in the Mexican quarter, visited the schools and the day nurseries run in connection with them, visited Miss Talcott at the Hospital in Pasadena, spoke at the staff meeting of the city nurses, and

again at the County Nurses' Association, and prepared two papers for publication in the Pacific Coast Journal of Nursing and the Oklahoma Tuberculosis Bulletin. At Long Beach part of one afternoon was devoted to a very novel Parents Guidance Clinic, and another to studying the work of the Associated Charities, which is headed by and combined with the work of a Public Health Nurse. Important conferences were held in Los Angeles with Miss Cole of the Red Cross, and Mrs. McGarvey, California Supervisor of the Metropolitan Life Insurance Company, and others.

One day was spent in San Diego, visiting the baby clinic and the Board of Health, talking with the school nurses and physician, and speaking in the evening to a gathering of pupil nurses from the three hospitals, and a considerable number of graduates.

The 10th to 18th inclusive were spent in and around San Francisco, visiting field work in which the pupils from the Berkeley course participate, attending all their classes at the University and Medical School, teaching one class and holding conference twice. The Dean of Women gave a luncheon for Mrs. Haasis, at which time an informal conference was held with Dr. Force and Dr. Legge of the University. On one evening an address was given to the pupils of the three University Hospital training schools and some graduates, and at an afternoon tea given to her by the Smith Club and the Public Health Nurses' Association, the Educational Secretary also spoke, and again to the Alameda County Public Health Nurses' Association, at Oakland. Numerous conferences were held with Miss Bryan, teacher of the course, and Miss Cole of the Red Cross; and single ones with Miss Douglas of the State Board of Nurse Examiners, Miss Elizabeth Ashe of the Telegraph Hill Settlement, Dr. Richard Bolt of the new Alameda County Health Center, Dr. Adelaide Brown of the State Board of Health, Miss Stockton of the City Health Department Nursing staff, Dr. Marr of the City School Nursing department, Miss Eldredge of the State Board of Charities, Mr. Estrado, Chief Probation officer, Miss Griffith, our State lay representative, and one conference was held with a group of Health Department nurses.

October 22nd to 25th, inclusive, was spent in Cincinnati in attendance upon the National Social Unit Conference; and the meetings of the American Public Health Association were attended in New Orleans on the 27th, 28th, 29th and 30th, Mrs. Haasis leading the discussion, after papers on Health Centers.

A conference was held with Mr. Hopkins, Director of the Gulf Division of the Red Cross, Miss Daspit, Nursing Director; Mr. Seelye, Chapter Chairman;; Dr. Dowling of the State Board of Health, Miss Railley of the Child Welfare Association, Miss Lahman of the

Schools, and Mrs. Friend, President of the City Federation of Clubs. This was in regard to a course which Mr. Hopkins has been urging in New Orleans. Miss Fox also attended this conference, the result of which was that every effort will be made to provide adequate field work in New Orleans before undertaking to organize the theoretical instruction required for a post graduate school of public health nursing.

One conference was held with Miss Marriner, State Director of Nursing in Alabama, one with the Health Officer of Birmingham, Alabama, and several other informal ones.

The Educational Secretary feels that October has been particularly important in the work of standardizing public health nursing education.

Publicity Department

The work of the Publicity Department would seem to be developing along two main channels; first, the rendering of publicity service to corporate members of the National Organization, and second, the application of general publicity as an instrument in achieving certain immediate objects, such as the problem of recruiting more Public Health Nurses. It has become increasingly evident that the demand for Public Health Nurses cannot be met simply by diverting trained nurses from the field of private duty, for example, to public health work. The demand is so large and increasing so rapidly that systematic efforts must be made to recruit more student nurses into the training schools.

At the meeting of the Directors of the National League for Nursing Education, during the week of October 13, the Publicity Secretary was called upon to present a brief outline of the plan for an alliance of the three nursing associations, with other affiliated groups, to work toward the solution of the recruiting problem. He also spoke before the New York State League of Nursing Education in Convention at Brooklyn, October 21, and presented a somewhat more detailed discussion of the problem at a meeting of the City League of Nursing Education.

The allotment of literature to corporate members of the National Organization, which was to have gone out in the month of October, was necessarily delayed by the printers' strike, but was delivered by the middle of November. The final draft of the new general booklet on public health nursing has been completed and the booklet is now ready for distribution. A diet card entitled "Suggestive Grocery Order for a Family of Five," prepared by the Boston Dietetic Bureau, has also been printed. A folder on industrial nursing, text for which was prepared by Miss Florence L. Wright, Chairman of the Committee on Industrial Nursing of the National Organization, has gone to the

printer. This folder is modeled after the folder issued by the Massachusetts Committee on Health in Industry.

The preparation of the new membership folder and the joint bulletin of the Library Department and the Publicity Department, were delayed by the printers' strike. Both, however, were out by the middle of November. The new membership folder has also now been issued.

The Publicity Department has supplied 500 posters, printed with the imprint of the Washington Visiting Nurse Society, for use in their local campaign for funds. Five hundred posters have been supplied to the New York State Department of Health for use with their "healthmobile."

The Publicity Secretary is coöperating with a New York publicity bureau in the preparation of a plan and publicity material for the Brooklyn Visiting Nurse Association, which is undertaking to raise an increased budget for their 1920 activities.

The scenario for the motion picture film has been completed and production started November 17. The country pictures were taken in Dutchess County, New York, where the coöperation of the Dutchess County Health Association had been secured. The industrial nursing pictures were taken in a large factory in Newark, New Jersey. Mr. Carlyle Ellis, former Editor of the Delineator magazine, and at one time Scenario Editor of the Triangle Film Corporation, who has produced the film "Our Children," for the Children's Bureau, as well as numerous other successful propaganda films, directed the production of this picture, which will be entitled "An Equal Chance." The leading role in the film is played by Miss Katherine Olmsted, Western Secretary of the National Organization.

During the month of October, three or four news stories were released to the newspapers, as well as two illustrated special articles in the evening editions of the New York newspapers. Arrangements have been completed with various national magazines for the publication of special articles.

WESTERN OFFICE

Katherine Olmsted, Extension Secretary

Miss Elnora Thomson associated herself with the Middle-Western Office on October 19, and Miss Olmtsed and she feel that they will be able to do some good team work. Miss Thomson has, of course, been in Chicago since her connection with the office, while Miss Olmsted has been in Chicago but six days of the entire month. During these few days in Chicago, with the assistance of Mrs. Leavitt, and while travelling, the following work has been accomplished:

Outlines for final report and demonstrations were sent to Miss Miers and to Miss Coale, for Wyoming and Louisiana, respectively.

Arrangements were made with Mead

& Wheeler to print and distribute sample sets of the recently prepared Record System, with notes, sending to all nurses inquiring for them. Copies of these sets, with notes, have been sent from the Middle-Western Office to all members of the Records Committee, asking approval and comments. Mrs. Bailey, of Topeka, has sent her approval and writes that she has ordered a supply for the Topeka Public Health Nursing Association. Sets, with notes, have been sent to others who have asked for them, making a total of 67 sets sent out, and other sets are being prepared to supply requests as yet unfilled.*

Diagram of proposed work for Morgan County Child Welfare work and duties of proposed staff.

Reported meetings of American Public Health Association.†

Requests have come to the office for literature on school nursing, school hygiene, industrial record cards and literature. School literature in the form of pamphlets and books has been sent out.

The following are some of the important conferences and interviews held by Miss Olmsted outside of Chicago:

Milwaukee, Wis.: Lecture to Wisconsin State Nurses' Association.

Creston, Iowa—Southwestern Iowa Medical Meeting: Talk on Possibilities of Prenatal Care. Luncheon talk on "Doctors." Address on Public Health Nursing. Round Table on Public Health Nursing. Banquet, Creston Club, Speech.

Conference with State University Extension Department in regard to Recreation Work in Creston. Lecture to Public Health Nurses' Training School and graduates.

Conference with representative of the Public Health Department of the State University on coöperation with County Public Health Nursing.

Conference with Boy Scout Masters.

Lecture at County Teachers' Institute. Round Table, County Superintendents of School (9 counties), on Health Education.

Jacksonville, Ill.: Separate conferences in regard to continuance of work, with representatives of various organizations, such as Community Council, Red Cross, Tuberculosis League, etc.

New Orleans, La.: Attended meetings of American Public Health Association, in connection with which interviews were held with Dr. C. C. Pierce, U. S. Public Health Service, and Dr. W. Rose, International Health Council, about work with the Indians; with Dr. Benz, of Pittsburgh Health Department; Dr. Rude, U. S. Children's Bureau, in regard to demonstrations; and with Mr. Sydenstricker, Statistician, U. S. Public Health Service, in regard to rural records.

A number of conferences also took place in Chicago, most of these being held by Miss Thomson, who reports:

"Since beginning my connection as Associate Secretary in the Middle-Western Office, October 19, some time each day, with two exceptions, has been spent in the office, familiarizing myself with the office routine, looking over and answering such mail as has been referred by the office secretary, and holding conferences."

Miss Miers reports of the Wyoming demonstration:

*These records will be reproduced in the January issue of THE PUBLIC HEALTH NURSE.

†Report of these meetings will be found elsewhere in this issue.

"The Indians are flocking to the Station for help and advice and Miss Miers has been very busy examining the school children. The report for the month of October shows the following work accomplished:

Treated in Health Station eyes of 45 children, daily except Sunday.

Treated in Government School eyes of 63 children, daily except Sunday.

Children died—two, from tuberculosis.

Visited St. Stephen's School four times; eyes were treated and instructions were given.

Robert's School visited four times; eyes treated and instructions given.

Sixty visits to camps.

160 patients in Health Station—the roads have been so bad it was impossible some days for people to go out, except a few on horseback.

Miss Miers visited several of the camps, and some of the mothers said, "Miss Miers, my baby was sick two or three days ago, but I gave it castor oil and a bath and rubbed its chest, so it is all right now." This is encouraging.

In her report on the Louisiana Demonstration Miss Coale says:

"Louisiana weather has been far from ideal since the first day of October. The rain has fallen nearly every day, so the roads have been impassable in many parts of the parish, but babies seem to be born regardless.

Some time ago I was called to the home of a very intelligent, white family and found a very nervous mother with a child one and one half years of age, who also was nervous and did not sleep. The child was examined and found to need circumcision very badly. The operation was performed and the family moved away. Three months later the same family called me to the home and the mother was ill. The physician had been called, but the patient wanted to talk over matters with the nurse before undergoing a proposed operation. A very bad laceration had never been repaired since the birth of the child, and an inflamed appendix. A few days later the patient went to the Parish hospital. The child of whom I spoke was in first class physical condition and the mother reported he had been so much better since the circumcision. There has been a certain amount of nursing work done, but most of the efforts have been centered on teaching and instructive work. The following report will show the number of visits made and the nature of the work:

General Nursing Service:

No. of patients brought forward from previous month		154
New patients:	Men	3
	Women	15
	Children	18— 36
No. of towns visited		7
No. of visits made		190
Nursing, 80; Instructive, 110.		
Cases cared for:	Health Center	24
	Medical	4
	Surgical	2
	Babies	30
	Prenatal	40
	Maternity	97
	Pre-School	6
No. of cases died:	Typhoid Fever	1
No. of cases dismissed		16

No. of cases carried forward to next month 176
No. of clinics held, infant 6
Attendance at Health Center, infant.. 14
New patients instructed (infant)..... 10
No. social service visits made..... 23
Homes, 18; clinic, 4; office, 1.
No. patients referred to private physicians 3
No. patients referred to dentists..... 2
No. patients referred to hospitals.... 1
Meetings attended 8
Talks given 8
Literature distributed 28
Publicity—Morgan City Review—Patterson Tribune.

By common agreement the St. Mary's Roman Catholic Parish Chapter will finance the demonstration, exclusive of the supervisor's salary and expenses, during the months of November and December. On January 1 it is expected that the Police Jury will assume the support and direction of the work. Miss Olmsted visited the Parish during the last days of the month.

LIBRARY DEPARTMENT

"A Merry Christmas to us all, my dears. God bless us!" Which all the family re-echoed.

"God bless us every one!" said Tiny Tim, the last of all.

He sat very close to his father's side upon his little stool. Bob held his withered little hand in his, as if he loved the child, and wished to keep him by his side and dreaded that he might be taken from him.

"Spirit," said Scrooge, with an interest he had never felt before, "tell me if Tiny Tim will live."

"I see a vacant seat," replied the Ghost, "in the poor chimney corner, and a crutch without an owner, carefully preserved. If these shadows remain unaltered by the Future, the child will die."

"No, no," said Scrooge. "Oh, no, kind Spirit, say he will not die."

"If these shadows remain unaltered by the Future, none other of my race, returned will find him here. What then? If he be like to die, he had better do it, and decrease the surplus population."

Scrooge hung his head to hear his own words quoted by the Spirit, and was overcome with penitence and grief.

"Man," said the Ghost, "if man you be in heart, not adamant, forbear that wicked cant until you have discovered what the surplus is and where it is. Will you decide what men shall live, what men shall die? It may be, that in the sight of Heaven, you are more worthless and less fit to live than millions like this poor man's child. Oh God! to hear the insect on the leaf pronouncing on the too much hungry life among his hungry brothers in the dust!"

—*A Christmas Carol, by Charles Dickens.*

It is the Christmas month again—the month when life puts before us in vivid contrast all the richness and meagreness of the work-a-day world. Let us assume the role of the Ghost for a moment. View his Future as our own Present. What significance do we find in his words:

"If these shadows remain unaltered by the Future, the child will die?"

* * *

There are being published at present a great many booklets and leaflets adapted to the use of hygiene classes and health clubs. In addition to giving certain health rules, chores, etc., they often include fairy stories, plays and poems, some of which are of original authorship, while others are

adapted from "original sources." All are meant to appeal to the child mind in an imaginative manner, but to convey at the same time certain facts concerning personal hygiene and health. It is possible that during the weeks before Christmas, special programs will be arranged for class room work, and that a few so-called children's classics will not seem out of place for such use. With this in mind, the following list has been compiled of stories and books that are related in a general way to the subject of health and personal well being.

Story Books

Wiggins, Kate Douglas
Bird's Christmas Carol
Story of Patsy
Dickens, Charles
Christmas Carol
Lucas, June
Children of France and the Red Cross (Stokes)
Slovenly Peter, or Cheerful Stories and Funny Pictures (Winston)
Mulock, Anne
Little Lame Prince and His Traveling Cloak (Rand McNally)
Kingsley, Charles
Water Babies (Dodd Mead)
Shedlock, Marie
"To Your Good Health," in "Art of the Story Teller" (Appleton)
Wilde, Oscar
"Selfish Giant," in "The Happy Prince" (Putnam)

State Library Centers

It is planned to send a selective list of new pamphlet publications to the librarians of our State Library Centers every two months. Librarians will base the size and selection of their orders for public health literature on the use that has been made of pamphlets by state nurses. With this latter point in mind, it is suggested that all nurses, rural nurses especially, get in touch with their State Librarians, letting them know of their needs for literature of all kinds—reports, bulletins, magazines, and books. If you do not know the address of your State Library Center, write to the Central Library of the New York office, 156 Fifth Avenue, and ask for a copy of the Library Booklet which describes in full this Organization service.

The following pamphlets have been sent singly or in duplicate to all state librarians wishing them:

Current Pamphlets

American Academy of Political and Social Science, Philadelphia
Humanizing Industry, by Irving Fisher. "Annals," March, 1919.
American Medical Assn., Boston
Child Welfare. Selected list of books and pamphlets, by E. Bascom & D. Mendenhall.
Children's Year Headquarters for Calif.
Diet for Infant from Birth to One year; 1-2 years; 2-6 years.
Delineator, New York
Infant Welfare Series.
Outline for Talk on Saving Sight of Babies.
Directions for Care of Baby's Eyes.
Organizing Local Work to Prevent Blindness Among Babies.
Rules for Nursing Mothers.
Weight Chart for Baby's First Year.
Advice to Expectant Mothers
How to Organize a Baby Health Center.

Framingham Comm. Health and Tbc. Demonstration
Tuberculosis Findings, by D. Armstrong.

Ind. University, Extension Division, Bloomington
Community Welfare Programs. June, 1916.

Industrial Commission of Wis., Madison
Report on Allied Functions. June, 1918.

Mass. Commission for Blind, Boston
Annual Report.

Mass. State Bd. of Labor & Industries, Boston
Requirements for Care of Employes Injured or Taken Ill in Industrial Establishments. Bull. No. 14.

Monthly Labor Review
Lessons from Housing Developments of U. S. Housing Corp., by F. Olmsted. May, 1919.

N. C. State Bd. of Health, Raleigh
Will Influenza Recur this Winter? Oct., 1919.

Rochester Bureau of Municipal Research, N. Y.
Rept. on Problem of Refuse Collection.

Tennessee Commssion for Blind, Nashville
Annual Report.

U. S. Dept. of Labor - Children's Bureau
Mental Defect in a Rural County

U. S. Dept. of Labor - Woman in Industry Service
Labor Laws for Women in Industry in Ind. Rept. of a Survey, Dec., 1918.

U. S. Public Health Service
People's War vs. Venereal Disease. No. 46.

U. S. Surgeon General
War Surgery and Medicine. May, 1919.

Recent Periodicals

Magazine of Industrial Hygiene (Oct.)
Wage-earning Women in Wartime: the Textile Industry (with special reference in Pennsylvania, New Jersey, to woolen and worsted yarn, and in Rhode Island to the work of women by night), by Florence Kelley.

This remarkable survey covers less than twenty pages of the October number of the Magazine of Industrial Hygiene and is of very special interest to all industrial workers, nurses and others concerned with conditions of textile mills. To nurses it makes an especially strong appeal because of the important part industrial work is taking in the program of national reconstruction; but it will also hold the attention of all women workers because of the very clear picture it gives of working conditions, revealing the laxness of sanitary regulations and law enforcements. Perhaps there is no greater problem presented to the industrial nurse than this latter. Good legislation may exist, but is it always possible to enforce it, and if not, what can the nurse do to relieve a situation? What local agencies can she look to? What community forces can she work through?

Attention is also called to two other articles in this same issue of the magazine:

Relation of Drug Addiction to Industry, by Thomas E. Blair, Pa. Dept. of Health.

Problems in the Training of Industrial Nurses, by Anne H. Strong, Simmons College, Boston.

American Journal of Nursing (Nov.)
Readjustments in Training School Curriculum to Meet New Demand in Public Health Nursing, by Isabel M. Stewart.

Modern Hospital (Nov.)

Question of Child Feeding, by Mary S. Rose.

Some Rural Communities and What Their Hospitals Mean to Them, by Mary K. Chapin.

New Public Health Nurse Bulletin

Plans have been made by the State Board of Health for publishing a monthly bulletin for the Public Health Nurses of New York State, beginning December 1. Table of contents will always include an article of general public health interest, lists of positions to be filled, as well as reviews of books and pamphlets, and other items of interest. For the first issue, the Library of the National Organization for Public Health Nursing was asked to contribute a statement regarding the New York State Library Center in Albany and the splendid coöperation that is being extended by Miss Frances K. Ray, Librarian, New York State Medical Library, Albany.

Bibliographies

I. Infant Welfare

Pamphlets—

Child Federation, Philadelphia

Little Mothers' Leagues - Description of Organization and Equipment and 20 Lessons. 1919.

Eastman, P. R.

Relation of Parental Nativity to Infant Mortality of New York State. 1919.

Hibbs, Henry H., Jr.

Infant Mortality; Its Relation to Social and Industrial Conditions. 1916.

Lathrop, Julia

Income and Infant Mortality. American Journal of Public Health. April, 1919.

Meigs, Grace L.

Infant Welfare Work in Wartime. 1917.

Montana State Bd. of Health

Care of Children in Wartime. Child Welfare Bulletin No. 3.

R. I. Federation of Women's Clubs

Little Mothers' Leagues Handbook, by Gertrude Hasbrouck. 1916.

Slingerland, W. H.

Child Welfare Work in Louisville, Ky. 1919.

U. S. Children's Bureau

Save the Youngest. 1919,

Standards of Child Welfare. 1919.

Infant Mortality - Results of a Field Study in Saginaw, Michigan, by Nila F. Allen. 1919.

II. School Work

Pamphlets—

Ayres, L. P.

New Attitude of School Towards Health of Child. 1911. Russell Sage Foundation.

Emerson, M. R. P.

Nutrition Clinics and Classes - Their Organization and Conduct.

Nutrition Clinic in a Public School. 1918.

Holt, L. Emmet

Teaching Health in Schools. "Health News," N. Y. State Dept. of Health. July, 1919.

Indiana Dept. of Public Instruction

Bulletin on Physical Education - Manual of Exercises and Related Subjects in Physical Training for Public Schools of Indiana. 1918.

Iowa Tuberculosis Assn.

Teaching Health Through Stories, Games and Outlines. 1919.

Mitchel, David

Schools and Classes for Exceptional Children

N. Y. (City) Dept. of Health

Health Aspects of School Lunches, by Edward F. Brown. 1916.

N. Y. State Library

Books on Health, as Related to the School Child. 1919.

U. S. Bureau of Education
Standardization of Medical Inspection Facilities, by J. H. Berkowitz. 1919.
U. S. Public Health Service
Problem of Sex Education in Schools. 1919.
Gulick, L. H.
Measurements as Applied to School Hygiene. 1911. Russell Sage Foundation.

Reviews

Organization of Public Health Nursing.

By Annie M. Brainard. New York. The Macmillan Company, 1919. Price $1.35.

Miss Brainard's book on the Organization of Public Health Nursing has just appeared. It finds a hearty welcome awaiting it. Among those who need the book and are eagerly expecting it will be found those interested in the extension of school nursing in towns and rural communities, and Red Cross Chapter Committees on Nursing. This is a period when public health nursing is being developed with great rapidity. Many war time committees which dealt with one or another phase of public health nursing are finding permanent places in the community. To them, this book, with its carefully collected experience, will come as a very present help.

The standards set forth are endorsed by the National Organization for Public Health Nursing and are so broadly treated that they will be applicable to many localities and to the several forms of public health nursing.

In her introduction to Miss Brainard's book, Miss Gardner says "The pendulum of approbation swings constantly between centralized and decentralized forms of organization, those which seek to raise standards through a centralization of authority and those which aim principally at the stimulation of local or personal initiative. A *via media* doubtless exists which avoids on the one hand a sacrifice of standards and on the other a sacrifice of personal initiative. Miss Brainard makes clear the fact that each community must fit its organization to its needs, but in doing so much is to be gained by a thoughtful study of methods employed elsewhere."

Not only new nursing associations will find this book helpful, but old established organizations will welcome eagerly a book which places in concrete form the valuable information to be found in Chapter VII, Boards of Directors; Chapter VIII, Committee on Finance; Chapter IX, Committee on Nurses.

—Mary Beard.

NOTE: This book forms the third number of the Public Health Nurse Handbook series, which is being published by Macmillan, under the editorship of Miss Gardner. At present the series consists of the following:

I. Gardner - Public Health Nursing.
II. Wright - Industrial Nursing.
III. Brainard - Organization of Public Health Nursing.
IV. Hill - Sanitation for Public Health Nurses.

Surgery and Society.

A Tribute to Listerism. By C. W. Saleeby, M. D., F. R. S. E. Moffat Yard and Company.

The avowed attempt on the part of the author—himself not a surgeon—is to present in this book, to lay readers as well as to the medical profession an adequate account of surgery and its benefits to society since the achievements of Pasteur and Lister made possible surgical science as we know it today.

Dr. Saleeby is known to us as one of the chief exponents of Race Culture, and the little most of us know, too little, of his series of books dealing with evolution, parenthood, and the development of health, strength and happiness, have prepared us for the intellectual pleasure this book provides. The introduction alone, arraigning the Anglo-Saxon manner of elevating the politician, or warrior, to the rank of a national hero, while forgetting the noble work of the scientist or the laborer in the field of social benefit, is worth our while to spend time in perusing.

Surgery and Society begins with Surgery as it was, takes us on to Pasteur the Forerunner, to Lister who Intervened, and The Development.

The chapter on Listerism and Motherhood is as vivid in its study of contrasts as anything could well be. The forces of life and death battle before us, and we are again reminded that, with all our struggles and goodwill, very much is yet left to be accomplished. The chapter on Surgery and Alcohol confirms our belief in the beneficence of the month of July, 1919.

Of special interest to nurses will be the chapters on Florence Nightingale and on the Modern Nurse. Florence Nightingale "who saw what there was to see; which is not so easy as it sounds." The Crimea—properly spelt "A Crime," as John Bright suggested, but to be remembered in the ages to come "only that it served the great function of starting Florence Nightingale upon the construction of modern nursing."

Finally Dr. Saleeby returns as a eugenist to the incalculable benefits of the principles of Listerian protection to the conditions of parenthood.

Written before the Great War, one wonders what may be added by the author to a future edition of this interesting and stimulating book, one which we will do well to recommend to our friends of the "general public" for enlightenment concerning a subject which sooner or later may intimately concern each and all.

—A. M. C.

Training School Methods for Institutional Nurses. By Charlotte A. Aikens.

This book from the pen of a prolific writer appears to be conceived in the spirit of securing

the best teaching in a small hospital without increasing the administrative or teaching staff. The book seems a description of methods with which all nurses have been familiar for many years, rather than an expression of any new ideals and advanced thoughts. It is a review of all the old systems with emphasis placed on high moral standards, but with primary interest of the author placed on the advancement of the hospital and little on the side of what might be termed the rights of the pupil who enters that she may receive a nursing education.

The author goes on record as against any hard and fast educational standards for admission of pupil nurses to Training Schools. The necessity and advantage of advertising in order to secure pupils is brought out, but little emphasis is placed on making the nursing course sufficiently attractive and worth-while to interest and hold the attention of the right type of women.

The method of teaching described in small hospitals leads one to question whether such hospitals are justified in maintaining Training Schools. No preliminary course is advocated, although it is admitted that such a course might be of value in large schools where it is possible to give this additional preparation. Emphasis is lacking on the scientific side and the teaching of dietetics appears sketchy.

It is a long and worthy review of conditions as they have existed for a quarter of a century in most of our smaller Training Schools and some of our larger ones, with the emphasis placed upon the moral qualifications of the nurse for the work. Just emphasis is laid upon the importance of the head nurse as an example and a teacher. —Carrie M. Hall.

Notes From the Field

FROM A CHILD'S TOY

Just one hundred years ago Rene Theophile Hyacinthe Laennec, one of the pioneers of modern medicine, observing some children playing in the gardens of the Louvre, listening to the transmission of sounds along pieces of wood, conceived the idea of utilizing this method for listening to breath sounds in examining a patient's lungs. He went home, fashioned a tube by rolling up some glued paper and then experimented with this in his ward at the Neckar Hospital. From this incident in the garden dates the modern "stethoscope," an instrument well nigh indispensible in the modern practice of medicine.

The early stethoscopes contrived by Laennec, were unlike those generally in use in this country at the present time for they were constructed to be used by one ear only. Nevertheless the original Laennec type is still widely used in European countries. To us, who are accustomed to the scrupulous cleanliness of everything about the modern hospital, it is curious indeed, to learn that the filthy condition of the patients in the hospitals in Laennec's time made it repugnant to physicians to listen to the sounds in the lungs by placing the ear directly on the chest of the patient.

Laennec gave his invention the name by which the device is still known, deriving the word stethoscope from two Greek roots, one meaning the "chest" and the other "to observe" or "regard."

Dr. Laennec was born at Quimper in Brittany on February 17, 1781, growing to manhood during some of the most troublous years in the history of France. He studied medicine at Paris, receiving his degree of doctor in 1804. He died on August 13, 1826, at the early age of 45, in the quaint old town in Brittany in which he first saw the light.

RETURNING NURSES AND THE PUBLIC HEALTH FIELD

In a report dated September, Miss Hitchcock deals with the work of the Public Health Division of the Bureau of Information since April, when Miss Waters made her very interesting report. Miss Waters left the active service of the Bureau during the latter part of May, and the loss of her wise counsel and gracious influence have been keenly felt; she has, however, kept in close touch with the Bureau and has been quick to respond whenever her advice has been sought.

At the time Miss Waters left, the nurses were coming from overseas in great numbers and more help was needed to assist in the interviews and in the increased clerical work. Therefore, with the approval of the Chairman of the Joint Committee the following assistants were secured:

Gertrude Reid Smith, R. N., a graduate of the Presbyterian Hospital Training School, New York, a nurse of wide experience, who during the winter of 1918-1919 was a special student in the Public Health Course at Teachers College, Columbia University.

Catherine B. Hay, a graduate of the New York Hospital, with experience in visiting nursing as member of the staff of the Henry Street Settlement, to be second assistant.

The clerical force consists of one stenographer and three typists.

The status card proved to be inadequate and a new card was prepared by Miss Montanye of the Record Office of the Henry Street Settlement, which is the work of a high class expert and is proving very useful.

During the early months the work was very largely that of interviews with returning nurses and was a wonderfully interesting experience. As the units came in and passed through the office, each one seemed to take on a distinct personality. Some came in the winter, when the hard work and depressing atmosphere near the front gave them an expression of weariness and exhaustion; these, it was generally felt, needed a long rest before trying to take up new work. Some came back from nursing in convalescent homes for officers in the South of France, not especially tired, and ready for work. Others had waited long, weary weeks for their transfer home; they were restless and disgruntled and felt that the country owed them a living. The larger proportion were unsettled in their plans and were in great need of the words of counsel and advice which were given them in their short calls in the office. One nurse said that she had been quite prepared to find a change in herself and to know that she wanted to get into a bigger and broader life than that which she had led heretofore in her nursing career; but she said that she returned totally unprepared to find that her own country had changed—to find that the point of view of her home friends and fellow-townsmen had altered. She was bewildered, for she found that she had not only to readjust herself, but that this readjustment had to be made in a community that had itself gone through a great change.

It is not necessary to dwell upon the relief expressed by many of the nurses on finding that there was someone who had time and interest to talk over their problems with them and throw some light on the puzzling situation.

Now that there is so much talk and agitation regarding the "attendant," and her position in the nursing world, it is interesting to note that in the public health nursing field the standard preliminary training and

experience that is being demanded by the public is steadily rising. Letters come to the Bureau from all over the country saying: "We want a college graduate." "Do not send a grammar school girl." "A nurse to occupy this post must have had post-graduate experience, or a post-graduate course in public health nursing." And, "If you should discover a suitable person who is interested and has not had the necessary post-graduate course or equivalent experience, we will of course be able to extend to her a scholarship."

During the early summer months it became evident that there was an increased number of calls for experienced nurses. The country had awakened to the fact of its need for experienced Public Health Nurses. Meanwhile, nurses who wished to follow that line of work were returning from overseas without preliminary public health experience. Many of them could not avail themselves of the post-graduate courses; many were not educationally eligible; and many others, even with the assistance of a scholarship; found it impossible to meet the financial necessities of the course. The situation developed that, on the one hand the Bureau was pressed to fill vacant positions, or positions newly created in the public health field; and on the other hand, there was a group of nurses anxious to do this line of work, but handicapped by lack of experience. Organizations were urged to postpone opening new districts or filling new positions until nurses could be fitted for the work. But there still remained positions needing nurses, and nurses needing positions. To meet the situation, there was taken, as a guide, the requirement for the Red Cross Public Health Nursing Service, of a minimum of "eight months' experience with a well organized visiting nurse association;" and the prominent visiting nurse associations of the country were addressed and asked if they would, as a patriotic measure, give experience for eight months or a year, on salary, to nurses desiring to enter this field of work. Affirmative answers were received from about twenty associations and a large number of nurses have been placed with them. This is, of course, only a temporary measure and to be used only until the nurses who are now preparing themselves are ready to do their independent work in the field.

It has all been a very interesting study in geography. A good sized atlas has been secured and it has been most interesting to trace the flood tides of the work through the country. In the early spring there was much agitation about the mountains of the South, and efforts were made to get help to these very needy people. While this was still absorbing attention, the oil fields in the Middle South came into notice: representatives came from Oklahoma, New Mexico and Arizona to tell how much they needed nurses, and it was necessary to study the

conditions in these states and the kind of nurses that would be most successful there. Money seemed to be no obstacle—they were ready to pay almost any salary demanded—and when it was mentioned that Public Health Nurses in a district outlined by them would need to have a Ford, the gentleman to whom the suggestion was made replied quite scornfully, "Oh, we'll not send the nurse out in a Ford—she'll have a real automobile." Next, the Mountain Division came into prominence and nurses were called for full of experience and wisdom and fortitude, who did not mind being alone or doing pioneer work in these interesting towns and counties of our beautiful Rocky Mountains. New York State sent in a big cry for county nurses; and the Middle West kept everyone busy peering at the maps to trace the locations of the various rural districts and cities in need of help. The Northern Division and the Northwestern Division almost decided that they had been forgotten because it was not possible to fill the quota which they had demanded.

The record of 366 organizations wanting nurses does not give an idea of the number of nurses needed. Many of them deal by wholesale. North Carolina wanted twenty-one nurses for town and country work. The Tuberculosis Association of Indianapolis asked for twenty-five nurses at once. The Tuberculosis Association of Springfield, Illinois, wanted fifty. The State Department of Health of Columbus, Ohio, put in a modest request for one hundred and fifty Public Health Nurses.

All these things show the necessity of providing some way of carrying the message over to the training schools—and by the "message" is meant the simple story of the Public Health Nurse's duties. Calls are now being received for classes or lectures on the subject, and a means must be found whereby every training school can receive a message from a nurse qualified to speak upon this subject.

A BRAVE ACTION

The following letter was recently received at the New York office of the National Organization for Public Health Nursing:

Dear Miss Crandall:

I am sending a pin I picked up in the street after a young woman jumped in front of a large auto truck and dragged to safety a young girl and baby. She was knocked down and her hat was run over and ruined; as I turned to give her her hat and pin she was gone, no one knew where.

I called several hospitals and nurses' agents, but no one knew anyone here by the name on the pin. At the hospital a nurse gave me your name and said you could probably return the pin to the young woman.

I hope she was not injured, and if I was the man who gives out the Carnegie medals instead of the man who sells hair brushes I would see that that young woman had her pick of all the medals in the world.

It is interesting to know that the pin was duly returned to its owner,

who is a member of the National Organization.

INTERESTING MEETINGS IN MANY SECTIONS OF COUNTRY

Meeting of Council of Women's Organizations with the U. S. Public Health Service

Surgeon General Rupert Blue, of the U. S. Public Health Service, asked a small body of women to meet in Washington for an informal conference, November 7 to 9. The organizations represented were:

1. Lawyers
2. Doctors
3. Suffrage
4. Women Voters
5. Public Health Nursing
6. Trade Union League
7. General Federation of Women's Clubs.

The National Organization for Public Health Nursing was represented by Miss Lent.

The following subjects were discussed:

1. Need of psychiatric service in schools, courts, rural districts, in relation to health and delinquency;
2. Venereal Diseases and Industry;
3. Venereal Diseases in Recent Maternity Records;
4. Negro Work for Negroes.

Legislation and Enforcement of Laws.

Training Nurses for Venereal Disease Clinic Follow-up Work.

The Community and Venereal Disease Control. Special calls for women's work.

After the conference it was suggested that there should be a permanent council, and the request was made that this committee be allowed to have a conference before or after the meeting of the State Boards of Health which is being planned in the Venereal Division of the U. S. Public Health Service for the early part of the year. Dr. Pierce gave every assurance that this request would be granted.

The subject that attracted more attention and discussion than any other was the teaching of sex hygiene in the public schools. This was discouraged by Dr. Clarke, of the U. S. Public Health Service, and encouraged—if teachers were carefully trained—by Dr. Yarros of Chicago. Other members of the conference, particularly Dr. Burbank and Dr. Lakeman of Massachusetts, and Miss Pollard of Connecticut, urged the teaching of sex hygiene to mothers.

Mr. Robinson, the lawyer of the Venereal Division of the U. S. Public Health Service, made the statement that he would advise all women workers throughout the country, and particularly those who were active in legislative fields, not to try to put through new legislation, but to help to enforce that which was already on the statute books. He reported that thirty-six of the states have laws for the care, treatment, reporting and protection of the community against venereal disease, and it is hoped that these laws will prevail in all the states before many months.

Great stress was laid upon the importance of more thorough and intelligent follow-up work to be done in the homes. It was generally

felt by all present that this part of the work had been very superficial and was of the greatest importance.

Attention was called to the library of the Venereal Division, which now has very valuable reprints of lectures and pamphlets on most subjects relating to venereal disease and sex education for both sexes and all ages.

At the close of the meeting it was the general feeling that women should not set aside any special piece of work as their own, but that both men and women should work together to combat venereal disease; and that the registration, prevention, treatment, follow-up, educational and legislative work should be done by men and women together and not by separate groups.

Dr. Clarke, in his report of the work that is being done by the Child Hygiene Section of the U. S. Public Health Service, emphasized the importance of doing a whole state thoroughly and well, rather than to take one city, county or hamlet as a study and piece of demonstration work. The U. S. Public Health Service has up to date undertaken through the State Health Department to do this in three states out of forty-eight.

The North Atlantic Conference

At the Nursing Session of the North Atlantic Conference, held in Philadelphia, October 9 and 10, a Round Table for discussion of nursing problems was conducted by Miss Helena Stewart. A paper by Miss Katherine Tucker brought out some very interesting discussion as to the relation between the Public Health Nurse and the Social Worker, especially as it related to the care of tuberculosis patients. The consensus of opinion seemed to be that there is a distinct line of demarcation between the duties of the nurse and the social service worker, although one is a necessary supplement to the other. Up to the present time the physical care of tuberculosis patients in rural districts, however, as well as economic re-adjustments for the patient's family has, in the absence of sufficient social machinery, fallen to the part of the nurse. This subject, too, brought out many opinions as to the use of attendants for tuberculosis patients; the service which the attendant could be fitted to give and the necessity for boundaries controlling such service.

The principles governing the Red Cross Public Health Nursing program were presented by Miss Charlotte Van Duzor who outlined the plan for coöperation between the Red Cross and other agencies, both national and local. The discussion following this plan was largely concerned with the gigantic problems presented to a rural nurse, whose responsibility is the health education and organization of agencies in a large area.

Miss Ella Phillips Crandall stressed the importance of com-

plete and extensive records as one of the most potent factors in health propaganda. She spoke at length on the desirability of uniform records and the necessity of accurate and complete statistics. Her remarks were all the more pertinent in that a busy nurse is so prone to feel that the demands for professional hand service take precedence over the details which are really the foundation upon which results must rest.

N. Y. State Nurses' Organizations

The Annual Meeting of the New York State Organizations of Nurses was held in Brooklyn, N. Y., October 21, 22 and 23; this meeting comprised the State Nurses' Association, the State League for Nursing Education and the State Organization for Public Health Nursing; and a very interesting program was provided. Amongst the adresses given at the State Nurses' Association meetings were the following:

Industrial Insurance. Mr. Miles M. Dawson, and Dr. John Lee.

Child Welfare Work During 1919. Dr. Josephine Baker.

The Campaign Against Venereal Diseases as It Affects the Teaching and Practice of Nursing. Dr. Josephine Kenyon.

Maternity Center Work. Miss Ann Stevens.

Affiliation of Training School for Nurses with Public Health Organizations. Miss Katherine Tucker.

At a joint meeting of the State League for Nursing Education and the State Organization for Public Health Nursing, Miss Ella Phillips Crandall spoke on the National Social Unit Organization, and Mrs. Helen Hoy Greeley made an address on Rank for Nurses.

The subjects taken up at the Public Health Nursing meeting were:

Coöperation of Public Health Nursing and Dietetic Bureau. Mrs. D. A. Embury.

Tuberculosis Work of the Public Health Nurse. Miss Bernice Billings.

Work of the State Commission for the Blind. Miss Sarah Glendinning.

Program of the National Organization for Public Health Nursing. Miss Ella Phillips Crandall.

Southwestern Iowa Medical Association

Public Health Nursing was given an important place on the program of the Southwestern Iowa Medical Association, which met at Creston, Iowa, on October 14th. At a session on Medico Social Conference, comprising doctors, dentists and nurses, Miss Katherine Olmsted, Western Secretary of the National Organization for Public Health Nursing, made an address. A session was also held on Rural Public Health Nursing, as related to Rural Medicine and Dental Practice, at which Miss Olmsted presided. At this session questions of mutual interest to the doctor, dentist and the Public Health Nurse were informally discussed.

Connecticut Public Health Nursing Organization

The Connecticut Organization for Public Health Nursing met in the State Capitol on October 23rd. The meeting was very well at-

tended and it was especially interesting to note that a considerable number of industrial nurses were present, and that there was a large representation of the lay membership section.

The program comprised the following:

What the Red Cross is Doing and Can Do in Connecticut for Public Health. Dr. C. E. A. Winslow.

Industrial Nursing, Miss Florence S. Wright.

Red Cross Christmas Seal Campaign in Connecticut. Mr. Hubert M. Sedgwick.

Discussion of Public Health Nursing Problems.

(This meeting was open to the public.)

Lay Members' Section. (Composed of officers and members of governing Boards of Visiting Nurse Associations.)

1. Brief Report on Work of the Current Year from each Association.

2. Round Table Discussion:

Pre-natal.
Child Welfare.
School Nursing.
Tuberculosis.
Dental Clinics.

PUBLIC HEALTH NURSES ORGANIZE IN OKLAHOMA

At the Annual State Conference of Nurses, held in Tulsa, October 29th, 30th and 31st, the Public Health Nurses of the state formed a State Organization for Public Health Nursing. The following officers were elected:

President—Miss Edna Anderson, Enid, Oklahoma; Vice-President—Mrs. Myrtle Conn, Oklahoma City; Secretary—Miss Bessie Richardson, Tulsa, Oklahoma.

REGISTERED CATTLE AND REGISTERED BABIES

Horse and cattle breeders owning "blooded" stock do not fail to have their animals "registered." It adds to their value and is therefore justly regarded as highly desirable.

Contrasting this attitude with that of many careless parents, the Public Health Service gives the following reasons why Baby's birth should be registered.

1. To establish identity.
2. To prove nationality.
3. To prove legitimacy.
4. To show when the child has the right to enter school.
5. To show when the child has the right to seek employment under the child labor law.
6. To establish the right of inheritance to property.
7. To establish liability to military duty, as well as exemption therefrom.
8. To establish the right to vote.
9. To qualify to hold title to, and to buy or sell real estate.
10. To establish the right to hold public office.
11. To prove the age at which the marriage contract may be entered into.
12. To make possible statistical studies of health conditions.

THE WAR AGAINST VENEREAL DISEASES

According to a statement by the U. S. Public Health Service, the Church Federation of Indianapolis, Ind., is waging an active war on veneral diseases, in coöperation with the State Board of Health and the United States Public Health Service. In addition to active welfare work, the Federation is conducting an edu-

cational campaign through the Indianapolis newspapers setting forth the result of an investigation of the State institutions. It says:

Twenty-five per cent of all insanity in Indiana is caused by syphilis.

Thirty per cent of all blindness in Indiana is caused by gonorrhea.

Eighty per cent of children blind from birth are victims of a venereal-disease infection in their parents.

Seventy per cent of all abdominal operations on women are due directly, or indirectly, to gonorrhea.

A large per cent of premature and stillbirths in Indiana are due to a venereal disease.

Thousands of deaths in Indiana every year are actually due to a venereal disease instead of peritonitis, rheumatism, apoplexy, paralysis, paresis, heart disease, and similar causes as reported.

It has been established and can be proved beyond question that it is now costing the State of Indiana $5,000 a day for the maintenance of institutions that are caring for the victims of venereal diseases.

Atlanta, Ga., now maintains its own clinic for the free treatment of veneral diseases independent of State or national aid. When the Government found it necessary to discontinue its activities in the military zone about Atlanta the mayor called a meeting of citizens to devise ways and means of continuing the clinic for the benefit of the public. Sufficient funds were pledged to guarantee its operation for an indefinite period.

Nearly 20,000 newspapers and other advertising media appealed to by the U. S. Health Service to discontinue publishing advertisements of quack doctors and nostrums dealing with venereal diseases have pledged their active support in the campaign to give the reading public this measure of protection. A letter was sent to 20,000 advertising media, with the result that all but 200 of this number announced that either they did not carry such advertising, or would discontinue it at once. The remaining 200 were again appealed to, with the result that 60 have discontinued such advertising.

The following resolution was passed by the last annual convention of the American Federation of Labor; and a copy of it was sent by Samuel Gompers to Surgeon General Blue;

Whereas, the government, with the coöperation of the states, has by a comprehensive program of education, medical treatment and law enforcement demonstrated that the spread of these diseases can be controlled and their ravages reduced; therefore, be it

Resolved, That the American Federation of Labor in convention assembled heartily endorses the efforts of the United States Public Health Service, coöperating with the various states, in combating the spread of venereal diseases; and, be it further

Resolved, That we call upon organized labor to familiarize themselves with the government's program of combating these diseases and to assist in every possible manner the eradication of these scourges of civilization.

A CO-OPERATIVE PLAN

The Charlotte (N. C.) Coöperat-

ive Nursing Association is making an interesting experiment in coöperative work. When the Red Cross Unit was being withdrawn, last February, Miss Elizabeth Reynolds was sent for from Richmond to help to organize and place the work on a municipal basis. The City was not ready to bear the full expense, and therefore a coöperative association was formed, composed of three representatives of each of the following organizations:

Woman's Club.

Parent-Teachers Association.

Baby Relief Association.

Young Men's Benevolent Association of Second Presbyterian Church.

Mecklenburg County Medical Society.

Home Service Section Red Cross.

Three members at large, to be appointed by the representatives of the above organizations.

The work is supported as follows:

Tuberculosis Nurse, specialized, salary paid by the Woman's Club.

Venereal Clinic and follow-up work nurse, salary paid half by city and half by State.

Two School Nurses (being trained on the district), salaries paid by School Board.

One District Nurse (giving bedside care and instructions), salary paid by Young Men's Benevolent Association of Second Presbyterian Church—auto and upkeep also included.

Additional district worker, salary, car and upkeep paid by Charlotte Coöperative Nursing Association. Metropolitan Life Insurance cases are taken care of, and this comes into the budget.

Colored district worker, salary paid half by the Red Cross, half by the Colored Chamber of Commerce.

It is hoped to add another colored nurse shortly, and also a white infant welfare nurse.

All these nurses work together under the supervision of Miss Reynolds, and from the Health Office. The City pays the salary of the Supervisor and also furnishes her auto and up-keep.

"We get along splendidly," says the Supervisor, writing recently; "although it is hard, for we feel we have not quite our full corps yet."

DANGER OF WOOD ALCOHOL

According to "The News Letter," during the last few months scarcely a day has passed without bringing to the office of the National Committeee for the Prevention of Blindness press clippings announcing new cases of death and blindness resulting from drinking wood alcohol or denatured alcohol. These cases are due in part to the ignorance of many regarding the poisonous qualities of these fluids, and in part to the fact that unscrupulous persons sell mixtures adulterated with wood or denatured alcohol. So alarming has the matter become that the office of the Commissioner of Internal Revenue has issued a notice to Internal Revenue Officers and others concerned, of which the following is a part:

In view of the grave and extended abuses of the use of Completely Denatured Alcohol reported, it is deemed necessary to print upon the labels affixed to wholesale and retail packages a further and more specific warning as to its use than is shown on the present required

label. In addition to the present matter on the labels there will be required on all new labels hereafter the printing, in large letters in red ink, under the skull and bones symbol, the word POISON, and at the bottom of the label there will be printed the following statement:

"Completely Denatured Alcohol is a violent poison. It cannot be applied externally to human or animal tissue without seriously injurious results. It cannot be taken internally without inducing blindness and general physical decay ultimately resulting in death."

Nurses have great oportunity to help in educating the public to understand the dangers of this poison.

HELP FOR THE DISABLED OF INDUSTRY

Vocational rehabilitation, similar to that now in operation for disabled soldiers and sailors, is provided for "persons disabled in industry or otherwise" in the Smith-Bankhead bill which has just passed both houses of Congress.

The bill provides one million dollars yearly to enlarge the scope of the original Smith-Hughes act creating the Federal Board for Vocational Education and its recent extension to cover war cripples, so as to assure the maimed victims of industrial accidents, also, the opportunity for vocational re-training into skilled occupations suited to their physical powers and restoration to useful, self-sustaining work.

"There are at present," it was pointed out in the congressional debate, "more than one hundred thousand permanently incapacitated workers in the United States, who will be benefited by this legislation, and this large army of casualities of peace is being increased at the rate of 11,500 every year.

TUBERCULOSIS PREVALENT IN ALBANIA

Ninety per cent. of the sick people of the country are victims of some form of tuberculosis, despite their open-air life in the mountainous regions, Miss Viola Nehr of Ripon, Wisconsin, writes from Tirin, Albania.

Every health hazard known is to be found in the country, she reports. The houses are seldom filled with fresh air or sunshine and families of seven and eight live in one or two rooms, usually with one tiny window and an earthen floor.

The majority of the sick cases which came to the Red Cross clinics were caused by tuberculosis and malnutrition. Food is needed even more than medicine. The underlying effort of the work is to train the people to become independent, and representatives urged that trained workers may be kept there until the people are able to care for their poor and ignorant.

TYPHUS EXTERMINATED IN SERBIA

The five-year campaign which American Red Cross doctors and nurses have been waging against typhus in Serbia has ended victoriously. The recent report of the Serbian Commission states that there are but sixty-five cases in the

country, two-thirds of these being in Belgrade where the Red Cross operates a hospital for typhus cases only.

The first unit organized to fight typhus in Serbia was headed by Dr. Richard L. Strong, and arrived just five years ago. The invasion of the Austrians forced the unit to flee from the country. The subsequent famine and exposure endured by the Serbs served to increase the spread of typhus during the next two years.

During 1915, 150,000 persons died of the disease in a population of three million. One hundred and fifty doctors succumbed, so that after the Serbian army defeated the Austrians and work was taken up by the Red Cross there was only one doctor to every 75,000 persons. In towns of 4,000 population there was usually not one physician, although the number of typhus cases ranged from ten to thirty. There was one surgeon and one dentist in the whole country.

The free dispensary was the foundation of the campaign against typhus in Serbia. Dispensaries were established at the most advantageous points. Medical units working from these main points penetrated far into the interior of the country. Soup kitchens were established to fight malnutrition; farmers were assisted to return to their homes; housing conditions in cities were improved; hospitals were operated by the Red Cross and worthy institutions under other direction were furnished with needed supplies and equipment.

"It may seem strange," writes Lieut. Col. Edgar Erskine Hume of Frankfort, Kentucky, present director of the American Red Cross Commission in Serbia, "but our doctors and nurses conquered the plague by using laundry soap, scrubbing brushes, kerosene, disinfectants, and delousing machines. We went into the homes of the people and carried the patient out. At times they were reluctant to leave, and we had a hard task overcoming their fatalism. We had to use force, for left to themselves they would have allowed the disease to run its course, which meant death not only to themselves, but to others."

Since typhus has been practically exterminated, the commission has turned its efforts toward instilling the principles of hygiene, sanitation and nutrition in the minds of the people. Appreciating the victory of the Red Cross, prominent citizens are organizing to assist in keeping the country free from the plague, which there appears in its most malignant form.

A PROGRAM FOR PUBLIC HEALTH COMMITTEES

The first number of "The Health Prospector," a bulletin published by the Arizona Anti-Tuberculosis Association, contains some admirable suggestions as a program for the work of local committees. "It is not expected," says the introduction to this program, "that the public health committee will carry out this entire program in one year, but it should look toward 100 per cent ac-

complishment of such features as would be of value to the community. The program consists of 42 items covering all species of public health work, the following being some of the most important:

Start campaign of education and publicity to prevent the contraction and spread of all diseases, and to increase general community and personal sanitation through lectures, moving pictures, exhibits and literature, newspaper articles.

Employ specialist to make general health survey of community and start needed measures of reform.

See that the great national children's health movement—The Modern Health Crusade—is inaugurated in your school.

Conduct Baby Welfare Week.

Institute permanent Baby Welfare Free Clinic, for sick and well babies, and the instruction of mothers in prenatal and infant care.

Establish first class playgrounds for all children.

Establish day camps for children suffering from tuberculosis.

Establish open air schools for anaemic or subnormal children.

Establish open air school system for well children that they may keep well.

Establish Little Mothers Clubs and classes in Home Hygiene and Care of the Sick.

Establish free medical and dental clinics for adults as well as children. These should include free tuberculosis and venereal clinics with specialists as examiners.

Establish school nursing.

Establish adequate medical and dental care in the schools.

Establish community nursing.

Send delegates to State and National conferences on tuberculosis and other public health topics.

Institute the teaching of health principles in connection with Americanization classes.

Provide for adequate care of all tuberculous patients or their families, including the returned tuberculous soldier or reject.

Follow up patients leaving sanatoria, giving advice, employment or other help as needed.

Secure provision for full time County Health Department, including full time doctor and nurse, and a laboratory.

Investigate general housing problem and bring housing conditions up to the best standards.

Investigate employment conditions and insure: A safe job for every tuberculous individual who can work; A healthy person in every position where the health of the employee can affect the health of others.

Advertise your community as 100 per cent efficient in health matters, and keep it so.

A NEW FORCE IN PUBLIC HEALTH

In an article entitled "The Public Health Program of the United States Training Corps for Women," L. L. Lumsden, Surgeon of the U. S. Public Health Service, outlines in the October issue of The Public Health Reports, the course of physical training inaugurated under Miss Susanna Cocroft in 1918 for women working in the Government departments, and later formulated into a plan for the establishment of training camps for women in different parts of the United States, under the auspices of the National Government. A practical test of the plan was made in the summer of 1919 on the shore of Lake Geneva, Wis., when 147 women took the training, which was of either two weeks' or one month's duration. "The women came from 22 different States.

Some were from cities and some were from strictly rural sections. Their age range was from 20 to 65 years; about half were married. Some were wealthy and some were wage earners in stores or offices. * * * * The régime of the camp was strictly military in character; the course consisted of training in breathing, correct posture and setting-up exercises, drilling, swimming, and lectures on various practical subjects. The women before admission to the training course and periodically during the course were given physical examinations by a woman physician. * * * *A series of six lectures on physiology, hygiene, and sanitation was given by two officers detailed from the U. S. Public Health Service. These officers * * * were requested by the camp management to assist in the formulation of a concrete plan for the alignment of the U. S. Training Corps for Women with the forces working constructively for the advancement of the national health interests. A committee of seven, fairly representative of all the women in the camp, was selected from among the members of the corps to take part in the deliberations." The result of the deliberations was in the form of a pledge to be taken by members of the Corps, of which the following were the main headings:

To endeavor to keep myself in good physical trim.

To dispose of the secretions and excretions from my body in a sanitary manner.

To protect myself from dangerous dirt (and tactfully to encourage others so to protect themselves).

To do all practicable to have established and maintained at my own home good sanitary conditions.

To join in or to inaugurate community efforts to advance community hygiene.

To observe and to encourage the observance of hygienic measures for the promotion of infant welfare, and in the event of motherhood to nurse my child at my breast if possible.

To promote the health of young people by doing everything in my power to encourage outdoor setting-up exercises—daily when the weather permits—for all children in our schools.

To do all practicable to help in the development and maintenance of reasonably adequate local (town, city or county), State, and national governmental health organizations.

Dr. Lumsden concludes his account with these words:

"If the members of the corps observe the provisions of their pledge to the degree suggested by the intelligent and enthusiastic interest of those at Camp Geneva, and if the plan contemplated for the extension of the training course to thousands of women in different sections of the country should be carried out, the United States Training Corps for Women will become a public health agency of tremendous practical value to our Nation."

A WELCOME TO MISS GARDNER

The Board and staff of the Providence District Nursing Association recently welcomed Miss Gardner at an informal supper, on her return after her work overseas. Miss Gardner spoke on her work in Italy.

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is an antiseptic aid to the professional nurse; it is readily obtainable and contributes much to the comfort of the patient because of the satisfactory results attending its employment in the sick room.

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MARY S. GARDNER, General Editor

Rapidly changing industrial conditions have created for the Nurse, whether engaged in direct Public Health or other specialized nursing, many new problems which she is compelled to solve each day in her work. Public Health Nursing as a profession is yet in a formative stage and the literature is correspondingly chaotic. To fill the need, therefore, for definite answers to these sudden and important questions, we are preparing this series of handbooks.

INDUSTRIAL NURSING

By FLORENCE SWIFT WRIGHT

Supervisor, Bureau of Child Hygiene, New Jersey State Department of Health; formerly Secretary of the Benefit Association of the Employees of John Wanamaker, New York; and formerly in charge of Industrial Nursing for both the Cheney Brothers' Silk Mills and the Clark Thread Company.

Just Published. Price, $1.25

This important work has been written by a pioneer industrial nurse in answer to questions asked by many nurses, employers of labor and others interested in industrial problems. Definite plans for the installation, equipment and management of a first aid room and for records and reports are included. An industrial nursing center is described in detail and its use as a community center is discussed.

The author has endeavored to present to pupil nurses, and to others who wish to take up industrial nursing, an idea of the conditions under which they may have to work and to emphasize the need of as thorough a training as possible. To those who, because the need is urgent, must enter the field with little more preparation than a hospital training, this volume may serve as a guide to careful self-preparation while engaged in the work. It is the first book to be published on the subject of industrial nursing and has been carefully prepared to fill a definite need.

The Organization of Public Health Nursing

By ANNIE M. BRAINARD

Editor-in-Chief, Public Health Nurse, Cleveland, Ohio

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The growing necessity for properly organized public health nursing throughout the country has created a need for definite instruction from an expert as to how to organize this work. This Miss Brainard has attempted to supply in a condensed practical form. The Public Health nurse will find it invaluable in all her work, while municipal authorities will obtain definite instructions for the inauguration of their organization in this important field. The book is thoroughly practical and authoritative.

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